CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

16 August 1997

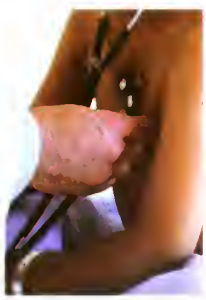
Tesco selling GSLs in internet trials

Sleeping aid audit – preliminary results

NPA withdraws fraud defence costs cover

Innovation the key at the House of Windsor

Update: Community care for CF patients



Holland & Barrett sold to NBTY for £100m

Problems mount for rival mum-to-be packs

Online at http://www.dotpharmacy.com/

If you can do this

Is there really any doubt which is the most consistently supported home pregnancy test? Predictor is spending an unprecedented 2 million pounds this year on *national* TV, including the new Channel 5. The impact will again be considerable and thousands more will come to appreciate just how perfectly simple, accurate and reliable Predictor is.

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To place an order telephone;
01223 420956

Predictor is marketed by Chefaro, the OTC Healthcare business unit of Akzo Nobel. In serving over 25 countries world-wide, Chefaro are the marketing and distribution experts in self-medication and diagnostics

So simple
you can't go wrong

or this,

you've mastered our test.

Last week brought news that the Scottish SCRIPTS project on the electronic transmission of prescription pricing data was being put on hold. A working group is to "build on progress" and ensure that future developments "meet the needs of pharmacists and the wider NHS". All positive stuff which hides the fact that SCRIPTS as we know it may have reached the end of the line. This is a pity, because its objective is an obvious application of technology in the pharmacy. However, the project is widely felt to have been poorly managed. It offers contractors no benefits and poor communication and changes of specification have given computer suppliers no incentive to write the software. From the Scottish Office perspective, SCRIPTS has failed to deliver the manpower savings that were pledged.

Mrs Dot Anderson, the new head of Pharmacy Practice Division, has the unenviable job of deciding SCRIPTS' future. Her pragmatic approach has gained her credibility with contractors and computer suppliers, but she may find the project subsumed in a wider programme for the application of IT in Scottish primary care.

With electronic transmission of prescriptions the next 'big step' there is an understandable desire to replace the prescription paper chain with an IT solution. This is an opportunity for the Common Services Agency to produce a real NHS primary care network involving GPs, pharmacists and other contractors, with the SCRIPTS objectives part of the package. GPASS money is already providing GPs with computer equipment. If the PPD really wants to secure savings, it needs to encourage the CSA to invest in pharmacies as well, to provide something that really does "meet the needs of pharmacists and the wider NHS" - not, of course, forgetting the patient.

CHEMIST & DRUGGIST

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CHEMIST & DRUGGIST

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REGULARS

Drug register changes

Regulations, coming into effect on August 18, will allow pharmacists to keep written or computerised records of POM sale or supply.

The Medicines (Sale or Supply)(Miscellaneous Provision) Amendment Regulations 1997 (SI No 1831, Stationery Office £1.10) no longer specify that such records must be kept in a register. However, they make no changes to the information that must be recorded in some form.

As *Chemist & Druggist* went to press, the Royal Pharmaceutical Society, which applied for the amendment, had not yet issued any further guidance on keeping computerised records.

● A new POM Order consolidates the Medicines (Products Other Than Veterinary Drugs) (Prescription Only) Order 1983 and its amendments. The Prescription Only Medicines (Human Use) Order 1997 (SI No 1830, Stationery Office £8.70) comes into effect on August 18.

John Moores offers five year MPharm sandwich

Liverpool John Moores University will be looking for practice placements for its five year MPharm (Hons) sandwich course which starts in September.

The Royal Pharmaceutical Society has approved the modular programme in which students will spend at least two weeks in the second and third years in community or hospital pharmacy. The 12 month obligatory practice period is spent after the seventh semester in the fourth year.

Admissions tutor Dr Peter Elliott hopes hospital or community pharmacies will be able to offer some commitment for future placements, rather than just seeking to fill the one year manpower gap in the fallow year, 2000. He believes employers will be keen to take on the students for the 12 month practice experience because they will have had six months more teaching.

Director of the School of Pharmacy and Chemistry Professor Mike Rubinstein says students will be attracted to the course because it offers early practice experience. "Pharmacy students, like medical and dental students, will now be exposed to patients at an early stage in their course and will inevitably have a better understanding of the requirements for practice," he said.

Concern over Tesco home shopping

Tesco supermarket chain has been criticised for including medicines in its internet based home shopping service.

A pharmacist contacted *Chemist & Druggist* over concerns that Tesco was supplying GSL medicines via its Tesco Home Shopping service without any safeguards in place.

On Tuesday, the company's web site was telling users: "You will be able to buy any of the products stocked in your adopted home shopping branch. This is typically around 22,000." No P medicines are listed.

Tesco pharmacy superintendent Mike Rudin says that although the six trial sites are based on areas which have stores with pharmacies, the pharmacy operation is not included. Tesco is trying to counter increasing competition from other non-pharmacy outlets who wish to supply GSL medicines.

"It is potentially a route to supply the public that the profession needs to get its mind around," he said. "Home shopping will get bigger and bigger in the future. The question is 'How does pharmacy respond?'"

The Home Shopper trial will be on-going, but Mr Rudin said the company will review it every three months to see if there is a demand for over the counter medicines. He agreed that the information given on the internet site would have to be changed to make it clear that P medicines were not available.

The six pilot areas are Osterley, Hammersmith, Lea Valley, Romford and Sutton, (all in the London area), and Leeds.

Pharmacy used for 'quackery' removed from register

A pharmacy owned by Signalysis, which provides spagyrik therapy, an alternative medical treatment described by the Royal Pharmaceutical Society's Statutory Committee as 'quackery', is to be removed from the Register.

Mrs Jasmine Wells of Theescombe, Amberley, Stroud, the pharmacy superintendent of Signalysis, faces a reprimand by the Society's disciplinary body, but has been warned that if she does not resign from her position she faces being struck off.

Hearings in the case, against Signalysis Ltd, of Silver Birches, Stroud, Gloucs, and its pharmacy superintendent started in May last year. After a number of adjournments, the Statutory Committee's decision was heard this week.

The Signalysis' pharmacy was almost exclusively used for the manufacture and dispensing of spagyrik products, and the credibility and status of these was central to the case.

Spagyrik therapy, as practised by Signalysis, involves taking samples of a patient's body fluid (blood or urine), distilling it and combining the distillate with the remainder after it has been fired at high temperatures in a kiln.

The resulting fluid is 'read' under a microscope to detect imblances in the patient's body. When desired, drops of the fluid can be 'returned' to the patient as drops.

In 1990 the company approached the Medicines Control Agency, which took the view that the preparations required product and manufacturer licences, a view supported by the Statutory Committee.

Signalysis registered its laboratory as a pharmacy, which allowed it to exploit an exemption clause (Section 10) in the Medicines Act 1968.

The Statutory Committee's interest in the credibility of spagyrik therapy was solely because it was manufactured and supplied from a registered pharmacy, it says. Expert witnesses concluded there was no pharmacological basis to the therapy.

The Committee concluded that "on the evidence we have heard, [Signalysis] is practising quackery from the premises of a licensed pharmacy". It also concluded that using Section 10 of the Medicines Act was "a mere device" to avoid licensing requirements.

The Committee proposed to adjourn the case for a further two months. If Mrs Wells resigns within that period, she will be reprimanded. If she chooses not to do so, then she can expect to be struck off.

Canvassing rules

The Royal Pharmaceutical Society's Council has approved two additions to its election procedures, designed to discourage canvassing by 'house' or member organisation magazines and newsletters.

Candidates must show the relevant section of the procedures to any interested publication and ask the editor, in writing, not to contravene the rules. The Society will also write to the editors, at each election, seeking an assurance that they will comply. The letter will be timed to arrive on the day the candidates are announced.

Council made the decision at this month's meeting after considering what to do about Boots Pharmacists Association's canvassing on behalf of a candidate in this year's election, and the National Pharmaceutical Asociation's threat to engage in canvassing itself if action were not taken.

The byelaws would need amending if Council wished to go further and introduce sanctions against members who fail to comply. Sanctions might include public reprimand of the candidate or another person, the suspension of the successful candidate from Council and committee meetings for a period, or disqualification from an election in the year in which the breach takes place.

The president, Peter Curphey, told Council that he had met Peter Walker, the JBPA chairman, for a frank discussion. Mr Walker had written saying the association deeply regretted that its activities had resulted in acrimonious reaction and he believed it could, in future, work within the rules, particularly if Council made sure the rules were clear and tight

DoH powerless on hospital drug prices

The Department of Health has said it is "aware of the problem" of some pharmaceutical companies offering products at very large discounts to hospitals, on the grounds that the same therapy would be continued when patients were discharged.

Although ministers are aware of the practice, which was described in the national press last week, they admit there is little they can do to stop it.

The DoH has urged prescribing committees at health authorities to crack down on the practice and ensure the NHS was getting hte best value for money.

Ministers are also concerend that some companies are offering inducements to hospitals to buy certain products.

Sleep aid audit – first results

Professional standards for dealing with requests for named medicines are being met in three quarters of cases. This figure increases to 82 per cent if instances of where the customer is reluctant to talk to the pharmacist or is unable to answer the pharmacists questions are included.

This is the preliminary finding from the first national pharmacy audit, held in May, on the sales of anti-histamine based sleep aids. In total, data detailing 18,965 requests in 2,196 pharmacies was analysed, which represents 21 per cent of registered community pharmacies in Great Britain.

Royal Pharmaceutical Society audit development fellow David Price says the National Confidential Audit received a "fabulous response". Documents for individual feedback for participating pharmacies are being printed this week and will be sent out by the end of the month.

Mr Price says that the results show that pharmacists or their staff are willing and able to refuse to make inappropriate sales, with over 7 per cent of requests resulting in no sale. Most of these refusals were made by pharmacists, with customers being referred to the GP or given advice on lifestyle.

Information on who the product was for was collected in over 96 per cent of cases, if the product had been taken before (89 per cent) and other medication (76 per cent). In half the requests the nature and duration of the symptoms were known and a third of cases established other medical conditions.

Migraine Week to highlight treatments

This year's Migraine Awareness Week (September 8 to 14) will highlight the process of treatment to encourage patients to say if any therapy is not working.

A leaflet, 'Keep one step ahead of your migraine',was produced after research suggested that 50-70 per cent of migraine sufferers are not consulting their GP about their migraine, in many cases, because they believe that nothing further can be done for them.

Dr Peter Shaw, of the Migraine in Primary Care Advisors Group, says pharmacists should advise customers repeatedly asking for 'more effective' headache remedies to see the doctor if migraine is still controlling their lives.

Further information from the British Migraine Association, 178 High Road, Byfleet, West Byfleet, Surrey KT14 7ED.

Chemists come second to hairdressers

Pharmacists look after their customers better than almost any other retailer, according to a survey by the National Consumer Council (NCC).

However, hairdressers have a slight edge with a 95 per cent satisfaction rating compared to pharmacy's 91 per cent average, according to a survey of 2,000 adults. Half (45 per cent) say chemists are very good.

Although people shop less than they did in 1992 - the last time the NCC conducted a similar survey - 82 per cent still use pharmacies. While the figure has fallen slightly since 1992, pharmacies remain one of the most regularly visited outlets, with supermarkets and newsagents.

Women tend to shop at pharmacies more than men, while youngsters (aged 15-24) visit them relatively infrequently.

The survey also suggests that pharmacies are putting up a good fight against supermarkets. About 62 per cent of respondents buy their medicines and toiletries there, while 38 per cent favour supermarkets.

Major supermarkets rank third and are the only type of shop in which satisfaction with customer care has risen significantly in the past five years.

NCC director Ruth Evans says staff training is the key to good customer service. If customers are not satisfied, they will go elsewhere.

Unhelpful, inexperienced and unknowledgeable staff are the main annoyances highlighted by shoppers. Nearly three quarters cited one of these as a reason why they were dissatisfied.

But shoppers still agree that queuing is the most irritating aspect of shopping.

Female pharmacists counsel more

Female pharmacists counsel more than their male colleagues, says a report in the latest *International Journal of Pharmacy Practice*.

The survey of a random sample of 50 community pharmacies in the Greater London area also found that the amount of counselling was influenced by the patient's age, type of prescription (ie NHS or private), the therapeutic category of the medication, and whether the prescription was new or a repeat.

Characteristics, such as age, experience and employment status (ie proprietor, manager or locum) did not affect the provision of oral counselling.

Counselling was offered to 70 per cent of people with new prescription items, and to 20 per cent with repeat items.

However, if social interactions, discussions about hospital visits or the management of the patient's condition are included, the overall frequency of interaction with patients was 57 per cent.

The counselling rate for pre-registration students was quite low (28 per cent), and pharmacy technicians and counter staff were 16 per cent and 1 per cent respectively.

- Another survey found that, of 40 people, 25 expected to make a pharmacy purchase without being questioned despite knowing staff might need information. Most consumers viewed decisions about the purchase of medicines was their responsibility.

The International Journal of Pharmacy Practice, Vol 5, No 2. ISSN 0961-7671

BOOK REVIEW

OTC Medications - Symptoms and Treatments of Common Illness (second edition) by A Li Wan Po and G. Li Wan Po. *ISBN 0-632-04046-7. Published by Blackwell Science. £18.99. Distributor Marston Book Services (tel: 01235 465500).*

This is the latest work from authors with an established pedigree in the OTC medicine field. It covers 70 therapeutic areas in a concise and easily accessible manner. Precautions and situations which require referral are highlighted at the end of each chapter, along with a suggested list of branded treatment options.

For those seeking to write medicines sales protocols for counter staff there is a useful introduction to OTC prescribing. The book will also be a useful reference for staff undertaking medicines counter assistant training.

NCC freephone

National Co-operative Chemists is installing a freephone line in each of its 254 branches.

No 10 says 'no'

The Government has rejected calls from some Labour MPs for the decriminalisation of certain drugs following the recent drug-related murder of five year old Dillon Hull in Bolton. Brian Iddon (Bolton South) has called for a full debate on the issue. Under such a proposal, some drugs would only be available on prescription. A Number 10 spokesman ruled out any such move on the grounds it would send out the wrong signals.

YPG Handbook

The Young Pharmacist Group is distributing copies of its 1997/98 handbook to members this week. The slimmed-down version contains accounts of YPG events in 1997, and a contacts list. Anyone else wishing to receive a copy should contact the group's PR officer Sid Dajani on 01980 654244.

Cost effectiveness call

Lambeth, Southwark & Lewisham Health Authority wants the NHS Executive to ensure that new drugs are fully evaluated for cost effectiveness at the earliest possible opportunity and evidence-based guidelines disseminated rapidly to purchasers and provider. The call comes in LSL HA's director of public health's annual report, published this week.

Regulations revoked

The Medicines (Stilbenes and Thyrostatic Substances Prohibition)(Revocation) Order 1997 and The Medicines (Control of Substances for Manufacture)(Revocation) Order 1997 come into effect on August 11, subject to Parliamentary approval, as part of Directive 96/22/EC.

Pilot finance

Regulations coming into effect on August 15 empower health authorities and boards to give financial help to an NHS trust, an NHS employee or a medical practitioner wishing to participate in pilot schemes for providing personal medical services under the NHS Primary Care Act 1997. (NHS (Pilot schemes: financial assistance for preparatory work) Regulations 1997. SI No 1821, Stationery Office £0.65).

NPA excludes fraud from its defence benefits

Members of the National Pharmaceutical Association accused of fraud will no longer be able to expect the NPA to cover defence costs.

Following the publication of the Fraud Scrutiny Report, and several potentially expensive cases involving pharmacists accused of prescription fraud, the Board of the NPA has decided to revise the terms of the Association Indemnity and Defence Benefits. It retains discretion to defend members where evidence is inconclusive.

The revision in benefits takes effect with membership renewals from September 1. It is not expected that there will be any reduction in membership fees, but it is thought that, by adopting this position now, large increases can be avoided in the future.

"We are looking long term," says NPA head of public relations Veronica Wray. "There are a few bad apples who are quite deliberately operating fraudulently and we cannot afford to give them cover." Those affected will normally have been under investigation for some months, rather than the pharmacist who makes the odd mistake, she said.

NPA director John D'Arcy accepts that some may accuse the NPA of operating a 'guilty until proven innocent' system, but says that this is why the Board has retained its discretionary powers.

"We are trying to hit out at a rogue minority," he said. "Through the CDA, the NPA offers a plethora of services. If we are to provide this range at reasonable cost, something has to give."

The decision was not made easily, he added, with Board discussions going on over several months. Mr D'Arcy is not aware of any other professional body that offers indemnity cover for defence of fraud charges.

RPSGB COUNCIL REPORT

The Royal Pharmaceutical Society's Council is opposing the Medicines Control Agency's proposals to make insulin and vitamin B6 products with a daily dose of 50mg or more prescription only.

The Society is to advise the MCA that the risk of inappropriate use of vitamin B6 could be controlled by restricting products with dosages of 10mg or more to pharmacies.

Pharmacists had already removed from self-selection those products with a maximum dose of more than 10mg, but high dose products had remained freely available from other retailers, showing the dangers of allowing unlicensed vitamins to be sold as dietary supplements without any effective control.

The Society will inform the MCA that the proposal to make insulin POM is "ill-conceived and unnecessary" because insulin has been available for many years as a P medicine and used safely and appropriately millions of times. The proposal follows publicity about the misuse of insulin by bodybuilders. The Society will point out that pharmacists rarely sell insulin without prescription and the insulin being misused by body-builders does not generally originate from sale in pharmacies.

The Society is to welcome the MCA's proposals for extending the POM exemptions for sodium cromoglycate and ranitidine, and the proposed exemption for hydrocortisone/miconazole combinations. But the letter will express concern at the possibility that ranitidine's use in preventing the specified symptoms might be publicised in ways that could encourage over-indulgence in food and drink.

Excessive prescribing: Council agreed that the Society should take action on the problem of prescribers who issue prescriptions for excessive quantities of medicines subject to abuse. The Society will try to convene a meeting with the General Medical Council, the Royal College of General Practitioners and the Royal College of Psychiatrists, together with pharmacist experts in drug abuse with the aim of seeking a common approach and perhaps agree a joint code of practice for private and NHS prescribing.

Ethnic monitoring: Council accepted a recommendation of the Law and Ethics Policy Committee that ethnic monitoring of the profession should begin in 1999.

Ephedrine sales: Council is to write to the Minister of Health expressing concern about unlawful trading in unlicensed ephedrine products and the lack of enforcement by the MCA.

Forged prescriptions: Pharmacists are to be encouraged to report to the law department their experience of forged prescriptions, as the Law and Ethics Policy Committee is to consider such problems in October.

Patient packs: A meeting on July 10 of the patient pack joint working group heard that the Department of Health would be preparing firm proposals for amending pharmacists' terms of service for consideration at PSNC's September meeting. The Department hoped that the initial phases of the initiative would start in November, but the rounding-up rules used in dispensing would not come into effect until February or March 1998.

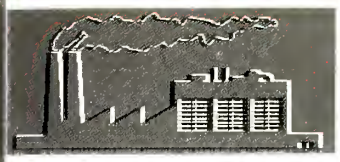
Pharmacies and the Internet: A new paragraph of guidance will be included in the Code of Ethics to address the problem of computer 'hackers' accessing confidential information held in pharmacy computers linked to the Internet. It reads: "The pharmacist should be aware of and take all practical steps possible to guard against the risks of unauthorised access to information held on pharmacy computer systems. Pharmacists should take particular care to ensure that systems linked to the Internet or other networks incorporate measures designed to eliminate the risk of unauthorised access to confidential data."

Manpower concerns: A survey to determine the numbers of pharmacists leaving the profession and why will be sent out soon to a sample of 200 pharmacists who qualified over the past ten years, said the secretary and registrar during a debate on the apparent manpower shortages.

Cannabinoid use Council is to establish a small working group to facilitate the setting up of clinical trials of cannabinoids.

DipAgVetPharm From September 1998 there will be a new modular course leading to the Society's diploma in agricultural and veterinary pharmacy, allowing pharmacists to take the course over an extended period. The total cost will be less than the current course fee of £1,100.

INDUSTRY VIEWPOINT



Stick with no carrot will not work

It was interesting to read some weeks ago in *Chemist & Druggist* of the formation of the Edinburgh Chemists buying group. In general, we welcome and try to support any group of pharmacists who work together to offer manufacturers the opportunity to participate in a well co-ordinated buying and marketing operation.

In recent years, Nucare and Numark have emerged as the prime examples of how successful this approach can be. Nucare has prioritised its efforts into negotiating better terms from suppliers by harnessing the buying power of members and offering manufacturers significant cost savings through the facility of negotiating through one central buying point.

Until better terms are negotiated with the group, no further orders will be placed

Numark have gone one step further. Over the past two years, in addition to the central buying function, it has developed a highly effective marketing operation through its retail members, offering manufacturers the opportunity to market direct to their consumers in a variety of consumer focused initiatives.

The key characteristic of both companies has been willingness to talk with suppliers about developing joint ventures. This has encouraged an environment of 'working together' and has undoubtedly encouraged suppliers to invest in both organisations to the benefit of their retail membership.

By contrast, the new Edinburgh group seems to be taking a different approach. Our sales representatives are being told that until better terms are negotiated with the group no further orders will be placed and our products may not be stocked or recommended. 'Stick with no carrot' - an approach that is likely to alienate suppliers rather than gain their support and co-operation.

Written by a senior industry manager

Topical Reflections

Why can't others follow Monmouth's example?

The summer is still hot, but already the winter medicines pre-sell is under way with 'buy now pay later' deals, at 'never to be repeated prices' from most of the major manufacturers. These winter promotions have always been traditional, but predicting winter sales is notoriously difficult and at the end of the season all that extra profit invariably ends up gathering dust in the stock room.

I am sure the multiples, with their integrated EPoS efficiency and central buying systems, do not act as subsidised warehouses for the pharmaceutical industry, and still obtain supplies throughout the whole winter at prices which easily match the best on offer for any of my deals.

However, my problems are different from those of the multiples and the one thing I lack is bulk buying power. The pre-sell exploits this weakness by varying the profit margins according to pre-determined sales cycles, thereby forcing me to overstock in order to achieve a reasonable overall profit margin. Good for the manufacturer but not necessarily so good for me.

There is an alternative however. Last week Monmouth Pharmaceuticals advertised a highly respectable 50 per cent POR on all its counter medicines, available whenever, regardless of quantity, through the wholesalers. Now that is the way I would like to buy all my counter medicines. A guaranteed good profit margin which would reduce my stockholding to a minimum while raising my overall profit margins to more acceptable levels.

Boots takes advantage of government inactivity

The news that Boots is to launch its Advantage loyalty card nationwide comes as no surprise (*C&D* August 9 p27). This card uses the latest smart card technology and has the potential, once again, to allow Boots to exploit its strength as a multiple in competing with independents for health-related custom.

Boots has said that the card might, in future, be used for the storage of medical details, which I assume could include OTC medicine sales as well as prescription information. Presently its Medilink system has had little impact on my customers, but with an anticipated uptake of 8 million cards by September 1998, a smart card that could provide the customer with up to 4 per cent discount on designated goods, and the Boots branch with an instant pharmaceutical profile, could provide a very powerful competitive edge indeed.

I have always advocated smart cards as the development choice for an electronic health information system and regret that the government has so far chosen not to pursue this route. Now Boots has seen the potential for this technology and could soon be reaping its benefit.

Meanwhile, it seems that I may have no means to compete other than to embrace the poisoned chalice of Practice Resource Systems Health Plus or Gehe's Pharmed.

Although time is rapidly running out, it is not too late for the government to intervene. A universal system for the transfer of electronic health information between professionals which does not compromise the patient's freedom of choice of pharmacy is not an urgent requirement and must be introduced before community pharmacists are forced, by commercial pressure, to join an undignified battle for the electronic hearts of their customers.

Zantac trial size provides the answer

I understand that my previous support for the active selling of H2 antagonists is currently being quoted in promotional literature by Warner Lambert in its efforts to increase sales of Zantac 75. Flattery indeed, because it is often difficult to convince customers that Zantac is superior to the 'no questions asked' neutralising antacids with which they are familiar.

Now Warner Lambert has come up with a brilliant answer to the problem - a small, two-tablet pack of Zantac 75 provided free of charge to all those customers requesting the purchase of a neutralising antacid.

If I can keep their attention long enough to explain the advantages, I am sure just two tablets will be sufficient to make many a convert and forever assure their custom for my pharmacy!

MEDICALmatters

Genus' ranitidine

Genus Pharmaceuticals has added ranitidine tablets to its range of multi-source products. The promotional list prices for 150mg x 60 and 300mg x 30 are £22.31 and £21.94 respectively. Genus is also introducing nifedipine modified release tablets. Genalat 10 Retard is available in packs of 56 as a promotional list price of £4.04. Genalat 20 Retard is available in packs of 56 at a promotional list price of £4.17.

Genus Pharmaceuticals. Tel: 01628 604377.

Scopoderm shortage

Novartis Pharmaceuticals says due to manufacturing difficulties, Scopoderm (hyoscine) patches are temporarily unavailable. The company hopes to reintroduce them as soon as stocks become available but it says this probably won't be until early 1998.

Novartis Pharmaceuticals UK Ltd. Tel: 01276 698370.

Imuderm/Infaderm

Goldshield Pharmaceuticals says that although the Imuderm range (Hair Wash, Cream and Body Wash) and the Infaderm range (Bubble Bath, Shampoo, Baby Cream and Body Lotion) has been blacklisted this does not affect either the Imuderm Therapeutic Oil or the Infaderm Therapeutic Oil. Prescriptions for both these products can be fulfilled as usual.

Goldshield Healthcare. Tel: 0181 649 8500.

Clotam rapid

Thames Laboratories has launched a 200mg tablets formulation of tolfenamic acid for the relief of acute migraine attacks and is marketing it as Clotam Rapid. The basic NHS price for ten is £15.

Thames Laboratories Ltd. Tel: 01978 661351

Risperdal SPC change

Jansen-Cilag has received approval to amend the Summary of Product Characteristics for its antipsychotic Risperdal. The advice to use Risperdal with caution in the elderly has been replaced with the statement that Risperdal is well tolerated by this group of patients.

Janssen-Cilag Ltd. Tel: 01494 567567.

New recommendations on prescribing of statins

Doctors should consider other methods of reducing the risk of cornary disease before prescribing statins, advises the Standing Medical Advisory Committee.

Although two major trials of statins (simvastatin and pravastatin) have reported significant reductions in all-cause mortality for primary and secondary prevention of coronary heart disease in patients with raised serum cholesterol concentrations, SMAC says the cost-effectiveness when treating people at low risk of CHD has not been established.

The document, intended to help clinicians set priorities for statin treatment, recommends that GPs prescribe statins to those patients who have had a heart attack and have total cholesterol of 4.8mmol/l or more, or have angina and total cholesterol of 5.5mmol/l or more. It further advises to consider prescribing statins only for people without symptomatic CHD who have high cholesterol and a risk of a major coronary event (e.g. myocardial infarction or death from CHD) of 3 per cent a year or more.

The SMAC reassures GPs that the recommendations in the statement are not intended to replace or override clinical judgement in individual cases.

Avoid antibiotics for sore throats

To prevent the 'medicalisation of a self limiting illness', GPs are advised, in the latest *British Medical Journal*, to avoid prescribing antibiotics or offer a delayed prescription to most patients with a sore throat.

Over 700 patients with sore throats, selected from 11 general practices, were randomised to one of three approaches: a ten day prescription of antibiotics; no antibiotics; or a delayed prescription if sore throat had not started to settle after three days.

Researchers found that prescribing antibiotics increased return to the surgery with an addtional effect from previous prescriptions. There was no difference between the antibiotic and other groups in early return, or complications such as otitis media or sinusitis.

The authors say GPs should explain the natural history of the condition and avoid or delay prescribing antibiotics.

How much alcohol is too much alcohol?

'Say When ... How Much Is Too Much?' is a new guide from the Health Education Authority and Alcohol Concern, which offers advice to 'problem drinkers' and their friends or families.

There are around 2.68 million 'problem drinkers' in England. They are, broadly: drinkers who regularly exceed the recommended amount, binge drinkers and dependent drinkers.

The booklet aims to help people monitor their drinking, as well as highlighting the financial and social benefits of not drinking. Tips for reducing alcohol intake include, not buying rounds, sticking to a limit, drinking halves instead of pints and finding alternative ways to relax.

The booklet is distributed via local Health Promotion Units, doctors' surgeries and Alcohol Advisory Services. A free copy can be obtained from: Say When, PO Box 269, Marston Book Services, Abingdon, Oxfordshire OX14 4YN.

FPA focuses on chlamydia

An information leaflet 'What is Chlamydia?' has been launched as part of the Family Planning Association's Sexual Health Week.

The FPA says chlamydia is the most commonly sexually transmitted disease and the leaflet is intended to raise awareness of the condition and its treatment.

Latest figures show a 7 per cent rise in new cases with 39,000 diagnosed in 1995. Most cases are reported in women aged 20-24 and men aged 25-34. Although chlamydia often has no symptoms, if left untreated it can cause pelvic inflammatory disease in women which can lead to infertility or ectopic pregnancy. It can also cause infertility in men.

Information about chlamydia and details of local Sexual Health Clinics are available on the FPA CES helpline on 0171-837 4044, 9am to 7pm weekdays. Bulk copies of the leaflet cost £0.15 each from the FPA. Individual copies are free with an SAE to FPA/Chlamydia leaflet, 2-12 Pentonville Rd, London N1 9FP.

Lariam update

A number of important changes have been made to the prescribing information for Lariam (mefloquine). Malaria prophylaxis can now be started up to three weeks before departure (previously one week) and continued for one year (instead of three months). Dosage regimens now give clearer information in terms of body weight. Children between 5Kg and 19Kg can be treated with one quarter the adult dose. Previously Lariam could only be used in children over 15Kg. The drug is no longer contraindicated in patients with renal insufficiency although caution is advised.

Roche Products Ltd. Tel: 01707 366000.

New genital wart therapy from 3M targets the immune system

The way forward in treating genital human papilloma virus infections will be by targeting the body's immune system, delegates at the 15th World Congress of Gynaecology and Obstetrics were told this week.

Speaking at the congress in Copenhagen, Professor Ian Frazer from Australia said the greatest successes in combating viral infections of man have been achieved using vaccines." However, a vaccine to prevent or treat genital warts is still some years off.

Imiquimod, a new treatment available in the United States is a patent-applied immune response modifier for treatment of external genital and perianal warts. Recent work carried out on the drug in the United States shows that when applied topically to the skin imiquimod induces the production of alpha interferon as well as other cytokines. The cream formulation enables patients to apply the treatment in the privacy of their home.

Imiquimod was discovered and developed by 3M Pharmaceuticals.

COUNTERpoints

Colic helpline

Pharmax is extending its colic helpline to the end of March next year. The helpline is manned by nurses at the medical advisory service, and is open to callers from 5pm to 10pm, Monday to Friday on 0181 994 9874. Pharmacists can obtain free supplies of a 'Colic explained' leaflet from Infacol Colic Leaflet, PO Box 277, High Wycombe, Bucks HP13 7SD.

Ibuleve leaflet

Dendron has published a backpain leaflet: "A guide to chronic pain" which looks at causes and treatment options, including alternatives. Copies from Dendron representatives or by calling 01923 229251.

WL displays

A new display unit holds three of Warner Lambert's top brands, Beconase Hayfever, Zantac 75 and Zovirax cold sore cream. During August, WL is distributing 3,500 units to pharmacies across the country. Pharmacists should contact local representatives for details.
Warner Lambert Consumer Healthcare. Tel: 01495 750049.

Christian L lashes

Cosmetics manufacturer Christian L has brought its eye lash extensions from Italy. They give the illusion of long, voluminous lashes, and are available in either black or clear. A multi-application pack is £4.95.
Distributor Jica Beauty Products Ltd. Tel: 0181 979 7261.

Free La Formule display unit

Bioconcepts is introducing a free display unit for its La Formule skin care range and for 20 La Formule educational leaflets. Ready assembled units available only from Unichem plc. Tel: 0181 319 2323.

Unichem launches pharmacy pregnancy kit

Unichem is launching a professional pregnancy kit enabling pharmacists to provide an in-store pregnancy diagnosis.

The £34 kit contains 20 self-performing immunoassay reaction discs and transfer pipettes. The discs detect levels of human chorionic gonadotrophin (hCG) hormone in urine.

If a test is to be run within 48 hours, the specimen should be stored in a fridge. If the testing is delayed more than 48 hours, the specimen should be frozen. Specimens should be at room temperature prior to use.

The test is best conducted first thing in the morning when hCG levels are at their highest. Elevated levels of hCG can be detected before a first missed period.

Unichem's own-brand manager Pippa Trounce says: "Although the home-test kit and pharmacy kit work in the same way, women may not trust themselves with a home kit and would feel more confident if a pharmacist were to carry out the test".

Unichem plc. Tel: 0181 391 2323.

Healthilife extends its minerals range

Healthilife has extended its minerals range with four new products.

The products, available in securitainers with tamper evident seals, are:

- iron 14mg (as ferrous fumarate) and vitamin C 60mg (£1.49 for 30 tablets; dose: one a day).
- high potency zinc (as citrate, £2.99 for 90 x 15mg capsules; dose: one a day).
- selenium 100 micrograms and vitamin E 20mg (£3.49 for 60 tablets; dose: two a day)
- magnesium (£1.99 for 60 x 150mg capsules; dose: two a day)

Healthilife Ltd. Tel: 01274 595021.

Scholl's exclusive shoe

Scholl is introducing the Scholl House Shoe in its autumn/winter pharmacy footwear collection.

The new Italian shoes, with towelling uppers and lining and a man-made sole, are available in red or black in sizes three to eight. Scholl House Shoes will retail for £19.99.

The collection offers best-selling footwear in seasonal colours.

Scholl Consumer Products Ltd. Tel: 01582 443300.

Unichem launches all-in-one VMS tablet

Unichem has launched Optima, an all-in-one own brand supplement

containing 28 vitamins and minerals.

The new tablet contains the EC recommended daily allowances for vitamin A (800mcg), vitamin D (5mcg), vitamin E (10mg), vitamin C (60mg), a range of B vitamins, including B1 (1.4mg), B2 (1.6mg), B3 (18mg), B6 (2mg), B12 (1mcg), and folic acid (200mcg).

The launch comes in response to increasing customer demand for vitamin, minerals and supplements (VMS). VMS sales from community pharmacies are worth £70 million and have grown by about 10 per cent, almost double the overall market growth.

The dose is one tablet a day. It comes in a 60 tablet pack costing £3.99.

Unichem plc. Tel: 0181 391 2323.

Bio-Health launches its 'Herbs for Life' range

Bio-health has launched the new classic range of five generic licensed supplementary and natural medicines.

- Lobelia compound (£4.95), for coughs, catarrh and sinusitis. The dose is one tablet three times a day. Each tablet contains 60mg lobelia, 30mg gum ammoniacum, and 30mg squill
- Parsley piert (£6.95), for correct fluid balance. The dose is one or two tablets three times a day. Each tablet contains 45mg Buchu herb, 45mg Uva ursi herb, 100mg dandelion root, and 45mg parsley piert
- Boldo aid for slimming (£5.95). One or two tablets three times a day each containing 30mg dandelion root, 136mg Boldo herb, and 225mg fucus
- Echinacea (£5.95), for a clear skin or treating acne. The dose is up to six tablets daily. Each tablet contains 200mg echinacea herb
- Natural herb laxative (£4.45), for constipation. One or two tablets daily if required. Each contains 90mg senna, 15mg aloes, 30mg cascara, 30mg dandelion, 30mg valerian, and 15mg holy thistle

Bio-Health Ltd. Tel: 01483 570813.

Rimmel's new stay-on foundation

Rimmel has launched the '1000 caresses' foundation following the success of its 1000 kisses no-transfer lipstick.

The foundation is said to be transfer-resistant, water-resistant, touch-proof and smudge-proof, and creates a finish that lasts up to 12 hours.

'1000 caresses', which is available in five shades (from pale ivory to warm honey), is oil- and fragrance-free, and contains UVA and UVB with a sun protection factor of six.

The launch is being supported by a £1 million TV and press advertising campaign, starting in early October.

The foundation comes in an ivory 30ml tube with a blue cap and gold & blue graphics for £4.49.

Rimmel International Ltd. Tel: 01233 625076.

Weleda moves into marigolds

Weleda has introduced a Calendula baby lotion to its Calendula babycare range, and Calendula shampoo and conditioner to its 'frequent use' haircare range.

The baby lotion, scented with orange, camomile, lavender and rosemary essential oils, and made from Calendula tincture, almond oil and jojoba oil. The Calendula shampoo and conditioner are made from organically grown marigolds and with mild bio-degradable detergents.

A 250ml bottle of shampoo or conditioner costs £2.95.

A 150ml bottle of Calendula baby lotion costs £4.05.

Weleda (UK) Ltd. Tel: 0115 944 8222.

Polaroid camera is re-styled

Polaroid has unveiled a radical re-style of its best-selling Polaroid 636 close-up instant camera.

The re-designed camera has also been renamed the Polaroid 600 Instant camera, as it accepts Polaroid 600 Instant Colour film.

It has added an adjustable, built-on velcro hand strap and an electronic flash housing. Sales and marketing manager at Polaroid UK, Mark Bernard, says: "This new camera represents the first major design change in our most popular camera.

The camera's price remains the same at £29.99, and the cost of a single film pack (ten pictures) is £11.99 and a double pack, £22.99 (20 pictures).

Polaroid (UK) Ltd. Tel: 01582 632000.

Shaving with a drop of oil

Intec has expanded its range of essential oils with new men's and women's De Valle shaving oils.

The oils are a substitute for shaving foams or gels. For a dry shave, one drop should be applied to the face and massaged in before shaving. For wet shaving, two drops should be used.

The men's oil contains the following oils: coconut, evening primrose, sweet almond, eucalyptus essential, peppermint essential, and carrot tissue. It also includes menthol.

The women's oil contains the following oils: grape seed, evening primrose, eucalyptus essential, peppermint essential, and camphor essential. It also includes menthol and aloe vera.

The oils are supplied in a bottle with a dropper for ease of use. The ladies' version contains added moisturisers.

The oils come in pre-loaded trays of six, and the company is offering retailers a free counter display unit which holds six oils of each type.

De Valle shaving oils come in a 10ml bottle, lasting up to 120 shaves, cost £2.99, and are available from:

Intec Laboratories Ltd. Tel: 0161 727 8384.

ON TV NEXT WEEK

Clarityn Allergy: C, GMTV

Colgate Total: All areas

Imodium: All areas

Jungle Formula: C, A, HTV, W, M, GMTV

Just for Men: All areas

Listerine: C, A, LWT, CAR, C4, Sat

Pantene: All areas except GMTV

Nytol: All areas

Panadol Night: All areas except U, A, CTV, TT, C4

Sensodyne toothpaste: All areas + Sat

Sensodyne Gentle Mouthrinse: All areas + Sat

Setlers: All areas

Sleepia: All areas

Wella Experience: C4

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, GMTV Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

Pharmasite Aug 18 – Sept 14 **Nytol**

Kodak's landmark competition

Kodak is offering consumers the chance to win £2,000 worth of Lunn Poly holiday vouchers in a promotion to increase processing business.

Every customer who processes a 35mm film through the 'Prints by Kodak' service can enter the famous landmark competition which runs from August 18 to October 4. Retailers will receive point of sale material and have the chance to advertise the promotion locally.

Kodak Ltd. Tel: 01442 61122.

Colgate's brush offer to boost Plax sales

Colgate-Palmolive has launched a consumer offer to boost sales of its Plax mouthrinse and prompt people to change their toothbrush.

Colgate Plax bottles (500ml) will carry a neck collar with a 50p-off coupon towards the purchase of a Colgate Total toothbrush from August 11.

Dentists recommend brushes are changed every three months, but most consumers buy new brushes just once a year.

Colgate-Palmolive Ltd. Tel: 01483 302222.

The house of Windsor

Boehringer Ingelheim has set itself a target of having 15 per cent of its world-wide turnover in the OTC or self-medication sector by 2000. Charles Gladwin meets Boehringer's managing director, Patrick Knowlson and Windsor Healthcare's Jonathan Yardley to discover how the company will achieve this goal

When choosing a name for its consumer products division, Boehringer Ingelheim was surprised it was able to take the name 'Windsor'.

No-one else had asked to use the name of the town, not far from Boehringer's Bracknell, Berkshire, base. The company was granted permission with the proviso that no reference was made to the Royals in connection with the company's products.

The stimulus to setting up Windsor was Uvistat. Boehringer felt that the sun block did not sit comfortably within its ethicals operation at that time. After considerable debate, the company agreed to set up an OTC division in 1984 based on its sun care and laxative ranges. The first year's turnover was $2.5m.

Following the introduction of the selected list or 'black list' in 1985, more products became targeted for OTC promotion when they were no longer allowed on prescription. Windsor launched another laxative then two important acquisitions followed: the Hills Balsam brand and the Swiss company with its eponymous brand, Pharmaton.

Boehringer has set itself a target of having 15 per cent of its world-wide turnover in the OTC or self-medication sector by 2000. Currently, that figure sits at 7.5 per cent within Boehringer's projected $100m turnover for 1997.

Boehringer's managing director Dr Patrick Knowlson acknowledges that the current figure can be improved. "We thought we had established the identity of Windsor quite well but the problem has been the size of it – with the critical mass, to make something economic in operation," he said. "We haven't got to that yet, but we are determined to do it. Almost certainly acquisition will come into it."

The corporate board, in Germany, has agreed to acquire a brand for the UK OTC business, but Dr Knowlson says the question is in finding the right one. Whether 'local' or international, strategic acquisition(s) will be supplemented by Boehringer developing its own products for OTC sale.

Dr Patrick Knowlson, managing director of Boehringer Ingelheim (left) and Jonathan Yardley director of consumer products at Windsor Healthcare predict substantial growth for their companies

Another factor that may see Windsor expand is the recent appointment of Jonathan Yardley as director of consumer products at Windsor Healthcare. He comes from Novartis Consumer Health and joins at a "very dynamic" time. World wide, the company's self-medication sector is showing increases of 33 per cent year on year. It is making headway in other countries, too, especially in the United States. "Albeit from a small base, it is growing very quickly," he says.

Expanding on the plans for acquisition, he says: "The OTC market in the UK is so diversified – about 90 per cent of the business is represented by brands of $1m or under. We want to acquire a brand or brands of upwards of $1m-1.5m, unless a product is exceptional, with true growth potential." However, he adds: "It might not just be acquisitions. It could be joint ventures – as long as there is something in it for us longer term."

The major thrust of Windsor will be well-being, an area he describes as 'very interesting'. "Traditionally the OTC sector – cough and cold, etc – is very static, but the markets that are growing are the ones where there is innovation. Pharmacists want innovation from people like us – they deserve it."

The innovation in the vitamin, mineral and supplement market will come in the clinical data Windsor will use. For the first time, it will be making specific claims based on its clinical trials, rather than sticking to maintenance claims "which the VMS market is dogged by at the moment," he says. "I'm convinced the VMS market will grow, but what we have to do is add value."

Pharmaton is singled out for special attention. In the UK, distribution is confined mainly to within the M25. However, the potential for growth is demonstrated by it ranking second place where sold. Its "amazing" clinical trials data will be used to promote it from next year, says Mr Yardley. "The job here is to build awareness and distribution and then I think we have a major brand on our hands."

Uvistat, which remains the number one brand in pharmacy, will also see a new advertising campaign stressing sensible protection. "We want to be a responsible sun brand in the sense of real protection, but in the end, we have to acknowledge that people go out for a tan," says Mr Yardley. "A tan is good for you if handled properly, but make [the campaign] too negative and people won't go out in the sun at all."

Patient power

Changes in the attitudes of consumers have also to be taken in account. "The population has become much better informed and can be trusted with quite a lot of their own care," believes Dr Knowlson. "Deregulation or the movement of medicines into the public area is entirely appropriate, but better communication with patients, must go hand in glove with this."

He also sees a growing influence and importance in the role of patient groups and expects them to grow. "I think that patients will recognise that there are services to be had from like minded people that they cannot get elsewhere," he says.

Mr Yardley looks to the increasing interest in specialised media, with magazines devoted to health. "This gives us a great opportunity as it allows us to target quite sharply," he says, adding that using the mass media market has become too expensive. "For the groups that we target, we will use publications and mailings which are targeted just at them and their pharmacies."

Pharmacists want innovation from people like us - they deserve it

So what can pharmacists expect to see from both Boehringer and Windsor in the future? "The community pharmacist can expect to see us grow – we really have to," responds Mr Yardley.

"Substantial growth," seconds Dr Knowlson. "With two levels of commitment, locally and in the parent company, it will definitely happen."

Within that growth the company will have to add value to pharmacy, continues Mr Yardley. "We have to launch and work with innovative things which will help [pharmacists] to develop and move on." He agrees that pharmacists are getting bored with variations on themes. "They want real innovation. I think we can deliver that – in the well-being area, in sun preps and probably with existing brands such as Dulcolax, with its unique selling points."

Ethicals

Boehringer is very happy with its ethicals business. It is expected to contribute $70m to this year's turnover – hospital business is expected to add a further $16m and animal health $6.0m. IMS figures for the end of March put Boehringer as the second fastest growing ethical company, logging 22 per cent year on year increases. The company's own records suggest that this figure may have increased since then.

"In general we are experiencing a period of new product introductions – which we haven't experienced in the past 20 years," says Dr Knowlson. "All the businesses are growing faster than the market." There have been several very important products, including the NSAID Mobic, which have greatly expanded the ethical side. A compound is also being investigated for its role in treating colds.

Investment in production is also significant. The UK site is taking $100m from the parent company over 6 years - $80m of this for production development.

Bracknell is the world-wide specialist production site for Boehringer's unit dose vial business exporting UDVs to 47 countries. The number of manufacturing units on the site will be increased to ten or 12 in anticipation of increasing exports and an expected rise in the use of UDVs.

"It is a dosage form that finds a lot of utility, particularly for respiratory disease," says Dr Knowlson. UDVs are also used significantly in ophthalmic preparations.

A contributory factor in the company's growing success is that the company is still independently owned. As such, the Boehringer family's "abiding commitment to R&D" is significant, believes Dr Knowlson.

"R&D needs a continual commitment to invest, even in periods when R&D isn't apparently delivering the goods," he explains. "The owners know the value of R&D is in continuing investment and believe that R&D will give you something back."

Coupled with the owners' commitment is that of the workforce. Dr Knowlson estimates that over a quarter of staff have been with the company for more than eight years. Many of the workforce have risen through the company due to good staff training and appropriate selection.

He also points to the re-engineering of the company's structure world-wide. Since 1994 there has been a change in the culture of the business. "We have encouraged people to take more interest and to speak out more about things they like or don't like," he says. "With this is the reciprocal responsibility that you are obliged to listen. We are listening and are learning."

As a newcomer, Mr Yardley sees this as relevant to both staff and consumer marketing. "The great thing about this company is that they have a world wide products but recognise that they have to adapt to the local market," he says. "A lot of European companies look for the global brand. You can have a global brand but you have to make it work locally."

Dr Knowlson agrees: "Our vision is 'value through innovation'. You can improve almost anything that is done on a regular basis." And that innovation is what working for Boehringer is all about. As Dr Knowlson admits: "It's quite fun."

Nordic notebook

How much do UK pharmacists have in common with their Norwegian counterparts? Felix Corley went to Trondheim in Norway to find out

What else would the pharmacy in the city of Trondheim be called but St Olav's, named after Norway's famous warrior king?

Centrally located just next to the River Nidelva, the privately-run pharmacy is a leading supplier of chemists' services not only to inhabitants of Trondheim, but on occasion to the surrounding area. It is open until midnight every night.

One of the pharmacists in charge is Solveig Bøhmer Strøm, who explains the Norwegian system as we chat in a pleasant staff room overlooking the river and the famous painted warehouses along the waterfront.

"Ordinary pharmacies are open until 5pm, but more now open later. Opening hours are decided by officials, although the system is becoming more relaxed," she says.

St Olav's – which employs 32 staff, full or part-time – used to open round the clock, but Mrs Bøhmer Strøm explains that this was too expensive to maintain, given the number of pharmacists that needed to be on hand through the night.

The Norwegian system gives children under seven free medicines, while those aged seven to 16 – and pensioners – pay just 12 per cent of the cost with a maximum of 110 kroner (about $10) in a three month period. The rest of the population pays 36 per cent of the cost, with a maximum of 330 kroner in three months. These prices are paid under the blue prescription system, which covers chronic diseases or cases where combined treatment makes all the medicines needed expensive. With white prescriptions, patients pay the full cost themselves.

As elsewhere, parallel imports have brought down the cost of medicines for some. "If we don't have the cheapest medicines," says Mrs Bøhmer Strøm, "patients will go elsewhere. We have a pharmacy policy that if there is a difference in price we have a responsibility not to let the patient spend unnecessary money."

At present guidelines do not allow pharmacists to substitute generic medicines when prescriptions specify a named medicine, though this is one of the areas the Norwegian Government is looking at in its review of the whole system of pharmacies.

> We are afraid that if making money became too important, ethics and care might be lost

There are three levels of education for pharmacists, Mrs Bøhmer Strøm explains. University level training takes five years, with courses available in the capital Oslo and, more recently, in Tromso in the north. Then there is college-level education. Courses currently last two and a half years, though with Norway becoming obliged to meet European Union standards (although it is not a member), this will soon be increased to three years. Finally, there is training as a pharmacy technician, although not all have formal training. The law requires that pharmacy owners have university level education.

"There is a shortage of pharmacists in Norway," Mrs Bøhmer Strøm says. "Too few are being trained and new pharmacies are being opened all the time. There is not so much of a shortage in the Oslo area, but it is worse elsewhere." This made it relatively easy for her to find a job in Trondheim when she moved back down from Tromso last year after 21 years. Within a couple of months she had found the post at St Olav's.

Up in the sparsely populated north, the pharmacy where she worked in Tromso mailed prescription drugs every day to about 50 patients who lived in remote locations. Mrs Bøhmer Strøm is proud of the survey she undertook to make sure that their needs were being properly catered for. "We were concerned to establish a good link between the pharmacist and the patient so that they remain in constant touch. We want to check that the patient takes the medicine prescribed and that there is no misunderstanding."

A special system has been set up for rural patients who live a long way from a pharmacy. The doctor sends the prescription direct to the pharmacy by mail or fax and the pharmacy then sends the medicine to the patient. "Norway has a rule that medicine shouldn't be more expensive if you live in the country than the town. So the recipient pays only for the medicine, not for the transportation. The government picks up the postage costs."

St Olav's pharmacy in Trondheim is open until midnight every night

As elsewhere, Norway has been affected by the tide of liberalisation and deregulation. "Until recently, everything was very simple in Norway. Pharmacies were mostly profitable businesses. We are moving towards more competition. The question is being raised of how to make things cheaper. But in comparison to other European countries, profits have not been excessive."

She is in favour of some of the changes being unleashed on the profession. "There have been good changes so far. If there was total deregulation allowing pharmacies to be established freely then we'd worry. We are afraid that if making money became too important, ethics and care might be lost. But there's no threat of that at the moment. In Norway we feel this is an honest business, doing our best for the patients. Ethical standards are high. This is the most important thing."

Mrs Solveig Bøhmer Strøm is one of 32 staff employed at St Olav's

PHARMACY update

The complicated affair of diabetes

Pharmacists are well-placed to educate diabetics on the importance of strict glucose control and warn of the dangers of complications. In the first of a two part series Michael Fagan, community pharmacist and CPPE tutor, concentrates on the complications of the disease

By 2010 the number of diabetics wordlwide is expected to be 200 million

Diabetes looks to be the next area for pharmacy intervention and patient self management, the rewards of which will far exceed those demonstrated recently with other disease areas such as asthma and migraine. It is highly likely that the profession is already involved to a major extent and this two-part article will precipitate some major initiatives involving pharmacy involvement in the community.

The disease itself must be categorised and whilst it is tacitly an endocrine disorder the major problems are cardio-vascular in nature; and hence the management of the diabetic patient has to include this perception.

Epidemiology

Diabetes mellitus has a long history and nomenclature has changed over the years; it is defined as a disease in which the supply of insulin is insufficient for the body's needs.

Prevalence is rising from 2-6 per cent of the population and the estimated 100 million patients world wide today are expected to become 200 million by the year 2010, as the world becomes more 'Westernised'.

Probably 10-20 per cent of the over 65 age group are affected in the Western World. Non-caucasians living in a Western culture have a higher prevalence: probably 10-20 per cent of the total population have diabetes.

Mortality and morbidity

Insulin dependent diabetes mellitus (IDDM, also known as Type I diabetes) patients will die of a diabetic coma within 3 years if left untreated

In the 75 years that insulin and oral hypoglycaemic agents have been available this prognosis has dramatically improved with a considerable life expectancy improvement; however the considerable rise in chronic complications [macrovascular, and microvascular] has complicated the management of diabetics. The mortality in both IDDM and non-insulin dependent diabetes mellitus (NIDDM, also known as Type II diabetes) patients is about 8-10 years less than the general population. There is no

Continued on PII ▶

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 64), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN C&D, SEPTEMBER 13, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To be familiar with causes of both types of diabetes mellitus
- An understanding of the causes and clinical features of hypo- and hyperglycaemia
- To be aware of microvascular complications of diabetes mellitus and their prevention
- To be aware of macrovascular complications of the condition and their prevention

◀ Continued from P1

difference between male or female.

IDDM causes

The destruction of the beta cells in the islets of Langerhans is thought to be brought about by external factors in genetically susceptible individuals.

It is not clear what external factors are involved except that they can be classified as 'toxins'. Possible viral involvement is supported by circumstantial evidence, e.g. increased incidence of diabetes following epidemics; diagnosis more often confirmed in the Winter; and higher susceptibility in age range 5-15 years. There are many environmental changes to the child e.g. changing or starting school. Rubella infection has clear evidence of involvement

There is now a recognised 'pre-diabetic' period which can exist for many years and does not always lead to IDDM. There is not sufficient evidence to support the concept of genetics being the only factor

The complex biochemistry of the disease is being fully examined and there is a continual flow of published papers mostly bearing on the auto-immune aspect of the disease. It is relevant to note that bio-engineering which has brought about so much benefit to the diabetic is subject to ethical scrutiny at this time.

IDDM can be sub-divided into:

- **Type A:** in the younger patient and is not associated with any other auto immune diseases.
- **Type B:** mainly in the older female population, where many other antibodies are found and other auto-immune disorders can occur, e.g. thyroid disease.

NIDDM causes

The perception of many is that this type of diabetes is 'mild' or a pre-stage before 'proper' diabetes sets in is very misguided and highly dangerous. It is probably better described as 'insulin resistance'. The causes are not clearly established, and the onset is slow. Hence the metabolic disorders are widespread and complications are common at the time of diagnosis.

About 65-70 per cent of patients are obese; those with a high waist:hip ratio being the most at risk.

NIDDM is most prevalent when food is plentiful and declines during food shortages. There are associations between high consumption of diets with high energy contents (refined carbohydrates, fats).

NIDDM may be secondary to drug therapy [e.g. beta blockers] and may persist after the therapy is withdrawn.

The features of NIDDM include:

- Patient usually over 30 years hence the alternative term maturity onset diabetes
- Slow and insidious onset
- Genetic factors involved such as family history and siblings
- No apparent auto-immune involvement
- Control by diet or oral anti-hyperglycaemic drugs [newer chemical entities are not strictly hypo-glycaemic]

Complications of diabetes mellitus

Acute complications are usually metabolic in nature: hypoglycaemia, hyperglycaemia. Chronic complications tend to be microvascular or macrovascular. Good glycaemic control will help avoid many of the microvascular complications.

1 Hypoglycaemia

Hypoglycaemia can occur in both IDDM and NIDDM patients. Those most at risk are those using insulin or the sulphonylureas [with long half lives].

Hypoglycaemia is arbitrarily defined as a blood sugar concentration of less than 2.2 mmol/litre. Occurrence is relatively common: about 10 per cent of patients per annum have an incident. Hypoglycaemic coma is potentially fatal accounting for 3-4 per cent of diabetic deaths

Causes: irregular meals; too much insulin; increase in exercise without a compensating increase of carbohydrate intake. There are a number of non diabetic reasons for the condition e.g. starvation, Addisons disease, carcinomas.

Clinical features: There is a wide variation for individuals and it is quite common for a patient to have a medically induced 'hypo' so that they can recognise their own symptoms. These include palpitations, tachycardia, blurred vision, headache, dizziness, irritability, detachment and lack of concentration, hunger, ataxia, coma.

Oral glucose, preferably in solution, is the best first aid. In NIDDM hypoglycaemia usually occurs with as a result long acting agent like chlorpropamide and hospitalisation is often needed. Subcutaneous glucagon is used where the patient cannot respond within 15 minutes, but there is a 20 minute time lag while hepatic glycogen is mobilised to glucose. In severe cases intravenous glucose is administered.

2 Hyperglycaemia

Hyperglycaemia or ketoacidosis [diabetic coma] is only a feature of IDDM. It is not that common a problem except that it is life threatening: about 10 per cent of patients have the event during their lifetime. However, in the under 10 year olds it is responsible for a high proportion of deaths. The level of blood sugar will be higher than 30 mmol/litre and can reach 100 mmol/litre.

Causes: Omission of insulin dose; acute medical illness; infection; menstruation; pregnancy; emotional upset

Clinical Features: Too low a level of insulin causes the body to react as if glucose is not present [glucose requires the presence of insulin for utilisation as an energy source]. Mobilisation of reserves in the form of fats, results in ketones being released in the liver which find their way to the urine [ketonuria]. Ketones are acidic and the body pH drops [ketoacidosis]; vomiting occurs leading to dehydration; dehydration. Then leads to coma and death.

Hyperglycaemia is characterised by dehydration, air hunger, smell of acetone on breath, vomiting, tachycardia, hypotension and clouding of consciousness.

Hyperglycaemia must be considered a medical emergency requiring immediate and aggressive treatment: this will take the form of restoring the metabolic equilibrium to correct dehydration hyperosmolality. Saline and saline /dextrose will be given. Insulin will be given both i/v and as a bolus; potassium to prevent hypokalaemia will be added to infusions

Note that NIDDM patients can develop hyperglycaemia, but there will be sufficient insulin present in the body to prevent ketoacidosis. Nevertheless high glucose levels can occur and coma can occur without many of the warning symptoms that a IDDM will show; the medical emergency rules will still apply as the mortality rate can be 50 per cent.

Box 1: Classification of diabetes mellitus

- **Insulin Dependent Diabetes Mellitus** (IDDM), formerly known as Type 1, this accounts for 5 -25 per cent of cases: variation depending on ethnic background
- **Non-Insulin Dependent Diabetes Mellitus** (NIDDM), formerly known as Type 2; this accounts for 75-90 per cent
- **Secondary diabetes** accounting for 1-5 per cent of cases; secondary to certain medical conditions and may be further classified
- **Endocrine**; e.g. hyperthyroidism, acromegaly, Cushing's, etc.
- **Pancreatic**; e.g. pancreatomy, pancreatitis, carcinoma, etc.
- **Drug induced**; e.g. b-blockers, corticosteroids, thiazides
- **Genetic syndromes**, e.g. Down's
- **Hepatic**; Cirrhosis.

3 Microvascular complications

- **Diabetic retinopathy**

Diabetic retinopathy is the

ACTION PLAN

Practical activities - Diabetes

- For the next 50 diabetic patient scripts, record the class of all drugs prescribed for conditions related to their diabetes. Use this to compare the ration of non-insulin dependent diabetes (NIDDM) to insulin dependent diabetes (IDDM)
- Using the above records, note the numbers of patients who receive drugs to treat complications associated with diabetes (micro/macro/vascular problems, peripheral neuropathies). Relate these to NIDDM and IDDM patients.
- Relate the complications to the type of diabetes
- Check that all your diabetic patients know the symptoms of hypoglycaemia and what to do if they all have such symptoms. Check that they always carry a source of glucose

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Continued from PII

most common cause of blindness in the Western world in the 20-60 year age range. About 80-90 per cent of patients will show the condition after 20 years or so. In NIDDM the condition may be present at diagnosis because of the insidious onset of the disease. The characteristics are capillary dilation and leakage, capillary occlusion and eventually new vessel formation. The many stages of the degradation of the tissue of the eye can be readily observed.

Treatment is on *ad hoc* basis according to the lesions seen in a specific patient. Current treatment includes laser coagulation The culmination of haemorrhage, hypoxia, exudates, and formation of new blood vessels will cause permanent damage and visual impairment. Macular oedema is a further complication and presents as a thickening of the retina near the fovea. Risk control includes good blood sugar monitoring and control of any hypertension.

Diabetic nephropathy

Around 30-45 per cent of IDDM patients will develop this condition, 60 per cent of whom will progress to renal failure. Diabetes is the most common cause of this condition with more than 10 per cent of those requiring transplant or dialysis are diabetic.

The incidence of diabetic nephropathy is 2-3 times greater in Asian and Afro-Caribbean ethnic groups. The onset is slow and insidious and asymptomatic until it is well advanced; so called ordinary albuminurea tests [detecting 0.5g/24 hours] do not show up the condition until damage has occurred. However, there has been a move to microalbumin urea assays which detect in the range 25-250 microgram/min [normal = 1-12 microgram/min]. Where this test is used improved insulin dose control and blood glucose control may delay risk to acceptable levels.

Diabetic neuropathy

Diabetic neuropathy may affect any part of the nervous system.

Peripheral: affects sensory functions rather than motor, particularly in the lower limbs. The appreciation of touch, pain, and temperature may be lost and this can lead to un-noticed damage leading to ulceration, gangrene and amputation.

Motor: characterised by weakness and muscle wasting.

Impotence

It has been suggested that a silent problem of diabetes is male impotence caused possibly by neuropathy. Around 30 per cent of men may have this problem but many don't speak of it. Hormonal treatment is not effective vacuum; tumescence systems and papaverine injections appear to help.

4 Macro-vascular complications

These complications are not specific to diabetic patients , but the risk is higher both in the early development of the various conditions and in the coexistence of complex cardiac, cerebral and peripheral vascular diseases.

Good glycaemic control plays an important part in the management of these conditions in both the IDDM and NIDDM patients, however in the NIDDM group there is a well established genetic predisposition to the syndrome. Other risk factors should be studiously avoided [e.g. smoking, hypercholesterolaemia, diastolic hypertension]

The major cause of death and hospitalisation in diabetic patients is cardiovascular disease. The risk of myocardial infarction or angina is 2-4 times higher among diabetic patients than the general population.

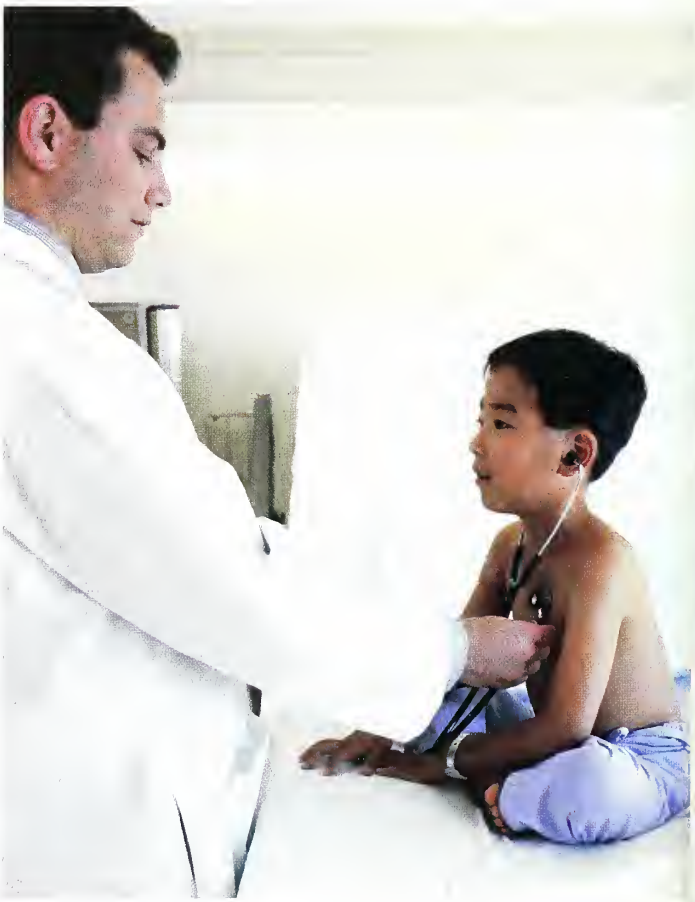
The incidence of cerebrovascular disease in diabetic is about 2-4 times higher than the non-diabetic and this manifests itself as a high number of stroke victims.

5 The diabetic foot

This is not really a separate clinical problem rather a manifestation of the complex inter-relationship of the various problems described above. Vascular insufficiency and neuropathy plus an infection may lead to gangrene. The most important predisposing factor is neuropathy: feet without feeling are easily damaged; vascular insufficiency means that healing of any damage is very prolonged; weekly examination by the patient is essential; three-monthly visits to a chiropodist are recommended.

Community care for cystic fibrosis

The acute care of patients with cystic fibrosis has become the domain of primary care. Andrew Whitehead, clinical pharmacist at Seacroft Hospital in Leeds, outlines the areas that community pharmacists can become involved in



Cystic Fibrosis (CF) is the most common genetic disorder of the caucasian population. In the UK alone, there are currently 5600 people with CF, 2300 of whom are adults. CF affects the lungs, the pancreas, the liver and the gut[1]. The multi-organ involvement of this disease is reflected in the high number of drugs that CF patients have to take, hence pharmacists have an important role to play in their care.

Recent advances in treatment have increased the life expectancy of CF patients to a median of 32 years. The increasing survival means that more CF patients reach adulthood. As the majority of CF adults work, study, or look after their children there is an increasing move towards treatment in the community rather than disrupting the patients' lifestyle with a hospital admission.

The result is that more acutely ill patients are treated in the community rather than in hospital, and community pharmacists may need to get more involved in the acute care of patients rather than just their maintenance therapy. The cycle of the disease and treatment is from stable condition in the community, to acute exacerbation of chest requiring hospital admission, to either hospital treatment or home treatment with iv antibiotics, back to a stable condition in the community. It

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Continued from PIV

should be our aim, as pharmacists, to ensure the interface between primary and secondary care is as seamless as possible.

CF Patients needs

The needs of CF patients in the community include:

Supplies of drugs

Patients take a range of oral and inhaled medications including antibiotics, vitamin supplements, pancreatic enzyme supplements, bronchodilators, oxygen and Pulmozyme.

Treatment with these drugs needs to be continuous therefore CF patients need regular supplies of their medication. Obtaining supplies can sometimes be a source of frustration for patients as the specialised nature of the treatment means that many GPs and community pharmacists are not familiar with the drug regimens used. This means continuity of drug supply may be a problem.

Many patients take up to 50 tablets each day and it is clearly complex and time consuming to comply with this drug treatment. If the patient also has difficulty maintaining supplies, then this is an additional barrier to compliance. The complexity of the overall treatment is compounded by the fact that many patients also need continuous nutritional supplements, nebulisers, and regular physiotherapy.

Information

Most patients rely on their CF centre for information about their disease and treatment. As there are only six regional CF centres in the UK, this leaves patients with limited advice available locally.

In a recent survey of patients[2], 46 per cent of adults did not think their GP had a good understanding of their disease and treatment. This finding is backed up in another study[3] which showed that only 9 per cent of patients would contact their GP if they had any queries about their medicines. This clearly leaves a potential gap in the advice and information that is available locally which community pharmacists are in an ideal position to fill.

Getting involved

There are a number of ways in which community pharmacists can get involved in the management of CF:

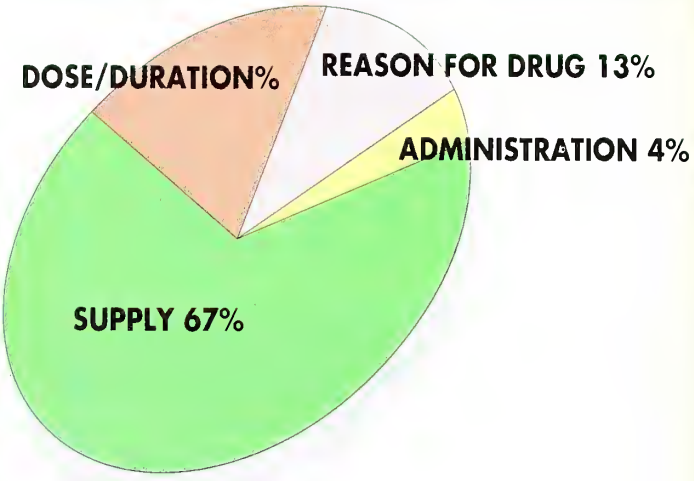
Aiding compliance

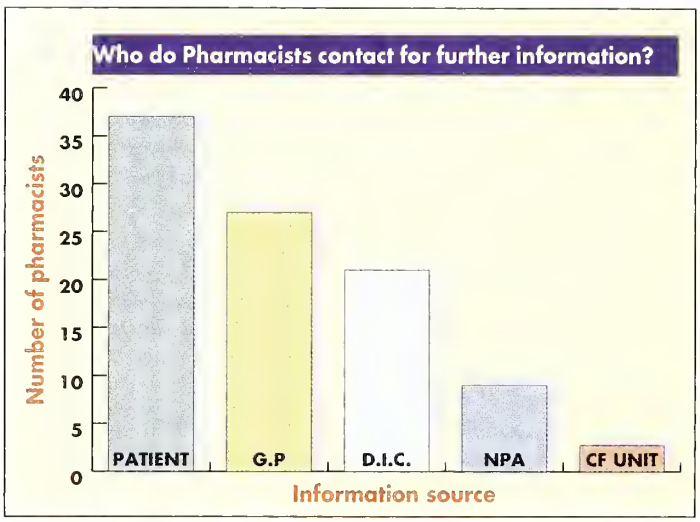
The impression of many health care professionals is that CF patients are a well motivated, well informed, and compliant group. However, CF patients vary widely in their knowledge and compliance. As a rule, compliance is better in patients from a higher social status and in those who have the greatest anxiety levels about their disease[4] although this varies widely.

It must be remembered that CF patients do take a large number of medications, the majority of which do not have an immediate effect on their symptoms. Lack of perceived benefit is a major factor affecting compliance. Poor compliance with treatments results in more rapid disease progression, infective chest exacerbations, wasted drugs, and increased number of hospital admissions. As compliance is such an important issue in CF, there are two main areas where community pharmacists may be able help their patients:

1. A barrier to compliance in certain patients is lack of time to organise their own treatment as more than half the adults with CF either work full time or are in full time education. These patients may benefit from the use of compliance aids. Medimax boxes (Dudley Hunt) have compartments that are big enough to fit the large numbers of tablets that are taken by CF patients. Community pharmacists can recommend these devices to patients who they perceive may have a problem with the time consuming nature of their treatment.

2. Pharmacists should regularly remind patients that treatment has long term benefits even if the patient does not feel better in the short term.





Keeping drug histories

Patient medication records (PMRs) kept on CF patients can be useful in three ways:

1. A survey of CF patients[3] found that many patients choose to buy certain drugs over the counter. The pharmacist should be involved with all requests from CF patients to buy OTC medicines to check for interactions against the PMR. OTC drugs have the potential to interact with large number of prescribed drugs that the patient takes. For example, many patients take cisapride continuously, which interacts with fluconazole and terfenadine. Both are these are available OTC and commonly used by CF patients.

2. CF patients commonly request advice about cough medicines. The general advice that community pharmacists should give is that cough suppressants should be avoided in CF, but demulcents may help certain patients. Patients asking for cough medicines should also be counselled to check that they have not had a recent worsening of their cough. If so, they should be encouraged to refer themselves to their hospital for review as antibiotics may be needed.

3. Keeping accurate and up-to-date PMRs also ensures that prescriptions from the GP can be checked against the most recent drug history. Close liaison with the hospital pharmacist can ensure that the community PMR can be kept up to date after hospital admissions and changes to drug treatment. This can help in situations where the GP supplies a prescription from an out-of-date medication record caused by the time it takes for information to reach the GP from the hospital.

Providing information

Research has shown that CF patients do have a need for information about their treatment[3]. Parents and carers also may have questions or problems that could be resolved in the community. Community pharmacists are ideally placed to provide information as they are accessible and local to patients and their families.

CF link with pharmacy

The Leeds regional adult CF centre became aware that some patients experience difficulties in maintaining supplies of medications following discharge.

To investigate this further, it was decided to contact community pharmacists who dealt with CF patients from the Leeds unit. This was to find out if they experienced problems when dealing with CF prescriptions, and to determine what information would be useful for them in the future.

Problems experienced by community pharmacists

Some 167 patients at the CF unit at Seacroft Hospital were asked to fill in a questionnaire which identified their community pharmacist. These pharmacists were questioned about what

problems occur and what information they would find useful.

The pharmacists each dispensed for no more than two CF patients. However, more than 80 per cent of the patients had used the same pharmacy for over two years. Many of the patients remain with the same pharmacy to enable a good pharmacist/patient relationship to be established. It also means initial problems can be resolved as the pharmacist becomes more familiar with the patient's treatment.

Some 80 per cent of pharmacists surveyed rated their knowledge of CF and its treatment to be only fair or poor. Although subjective, this finding highlights the need for more information to be available to community pharmacists.

If the pharmacist required further information, 52 per cent said they would ask the patient for help. Although some patients are well informed about their disease, others are not, so this is clearly not an ideal situation. Other sources that pharmacists used were the GP, the NPA, but the least used resource was the regional CF centre (see graph, previous page).

The most common problem was with supplies of drugs. (figure 1) Many CF drugs are not routinely stocked in community pharmacies, due to their high cost and patients' changing requirements. Problems occur when patients were discharged from hospital with seven days supply of drugs, leaving the pharmacist little time to find suppliers of new drugs.

● How the Leeds CF unit is trying to help

Community pharmacists are ideally placed to pick up problems experienced by patients and to answer drug related queries, but CF is not usually a major part in undergraduate courses and many pharmacists remain unfamiliar with the disease due to the small number of patients they see. The Leeds CF unit thought that if pharmacists were provided with information about CF they would be in a better position to provide advice. The Seacroft CF centre is addressing this in three ways:

1. The CF pharmacist finds out which community pharmacy each patient uses and their details are recorded. An information booklet is then sent to the pharmacist covering all aspects of CF treatment including detail on drugs used and doses.

2. At the end of each hospital stay, the current medication list is sent to the relevant community pharmacist who can then update the PMR. It would then also be possible for any new drugs to be ordered in advance and also means that even if the GP's list is not completely up to date, the pharmacist has the correct drugs in the PMR.

3. The unit also provides community pharmacists with a contact name and number from the hospital pharmacy to deal with any specific problems they experience. However, it is not always possible to get community pharmacist's details from patients. The unit would like to hear from community pharmacists dealing with patients who attend Seacroft hospital who wish to register to receive information.

● Impact on community pharmacists

A further audit was carried out to assess the usefulness to community pharmacists of this transfer of information. The same group of pharmacists were targeted as in the first study. They were questioned as to the usefulness of the information pack and how many problems they had encountered with CF prescriptions in the three months prior to receiving the pack.

Pharmacists who had encountered problems before receiving the pack were followed up after a further three months to see if the information received had made any improvement. The pharmacists experiencing problems reduced from 34 per cent before receiving the pack to zero after. In addition, all pharmacists rated the information pack as useful.

(References available on request)

Summary box

- **CF patients have specific needs which relate to the specialist nature of their disease. These include drug information and supplies of "unusual" drugs.**
- **Community pharmacists are well placed to meet these needs. • The regional CF centres should be used as a resource to update CF knowledge.**
- **CF care in the community is improved when there are links between community pharmacists and the regional centres.**

The dangers of glorious mud

A mixture of mud and faeces is being cited as a possible cause of the infection of eight Glastonbury festival-goers with E Coli 0157 in June.

Heavy rain and 100,000 people were responsible for turning the festival site, a dairy farm, into a quagmire. Over 500 cows had been grazing there up to a week before the event, and these have been sampled for traces of the bacteria and the results are pending.

None of the festival patients, when interviewed, pinpointed the use of a common food or water source, nor did they camp near each other. However, they did report having mud on their hands and faces before eating.

Three children visiting an open farm in West Hertfordshire in the last two months contracted E Coli 0157 infections. Similar outbreaks on farms have been reported previously.

E Coli 0157 can cause symptoms ranging from mild to bloody diarrhoea, and sometimes causes the added complication of haemolytic uraemic syndrome, a form of acute renal failure.

The main route of transmission is through contaminated under-cooked food. It can also be transmitted through contact with animals, especially cattle, and with infected people.

E Coli 0157 can survive for over 150 days in soil samples, and for 90 days in cattle faeces. In 1996, there were 660 reported cases of E Coli infection compared with 40,000 cases of Campylobacter.

Abortions on the rise

The Family Planning Association is calling for a review of family planning services in response to the first increase in abortions in five years.

The number of abortions in England and Wales rose from 163,638 in 1995 to 177,225 in 1996, an increase of 8.3 per cent. The overall abortion rate for women in England and Wales was 13 abortions per 1,000 women aged 14 to 49.

"We are very concerned about this rise. Although the Pill scare is a contributing factor, it cannot be held solely to blame," says the FPA's chief executive, Anne Weyman. "Specialist family planning services are diminishing at an alarming rate, and those which remain are restricted to under-25s."

Continued on PVIII ▶

Continued from PVII

Although around one third of health authorities are rationalising family planning services, the number of patients seen by these services rose from 2.7 million in 1988 to 3.5m in 1994.

The Department of Health says: "There is no evidence to suggest that this is a long-term change, and the downward trend may continue."

A spokesperson for pro-life charity Life says: "Simply providing young people with contraception will not decrease the number of pregnancies and abortions. Increasing young people's self-esteem, education and contraception, may prove more successful."

Great outdoors brings danger of skin cancer

More people are spending their leisure time outdoors, but only a third are using protective sunscreens.

More than half the UK population undertake outdoor leisure activities compared with only 17 per cent 20 years ago, according to 'Trends in Outdoor Pursuits', a survey commissioned by the Health Education Authority. However, only one in four men and one in three women use a sunscreen when outdoors.

Sun protection is overlooked because it is associated with more traditional sun-worshipping activities, such as sunbathing. Among the new 'hidden' sun worshippers are gardeners and golfers. Sun Know How campaign manager Katie Aston wants all outdoor leisure seekers to be aware of the need for protection. "It takes as little as half an hour to burn in the summer."

Skin cancer is one of the fastest-growing sectors of the disease in the UK, with 40,000 new cases a year.

Complementary medicine in the treatment of asthma

Almost half of asthmatics have tried a complementary therapy, according to a survey by the National Asthma Campaign.

However, only a third of the 4,000 asthmatics surveyed said that the treatments, which included yoga and homoeopathy, had improved their condition. Nevertheless, two-thirds of respondents said they would consider using complementary medicine in the future.

NAC has emphasised that complementary medicine should not be seen as an alternative to conventional medicines, and recommends that patients who change or make additions to their treatment should inform their GP or nurse.

The most popular complementary therapy for asthmatics is breathing techniques (30 per cent), followed by homoeopathy (12 per cent), herbal medicine (11 per cent) and yoga (9 per cent). Acupuncture, osteopathy, reflexology and aromatherapy were used to a lesser extent.

NAC chief executive Melinda Letts says: "The results show that there is a need for more research into these treatments to find out which will be the most effective for people with asthma who choose to integrate complementary medicine with traditional treatments."

The survey coincides with the formation of an expert panel of representatives from key complementary medicine organisations. The panel will be led by Edzard Ernst, professor of complementary medicine at Exeter University, with the aim of securing funds for further research.

Vagal nerve epilepsy implant

The US Food and Drug Administration has approved the first medical device to help reduce severe, uncontrolled seizures in epileptic patients.

The device, a vagus nerve stimulator, is a generator which is implanted under a patient's collar bone and connected to the vagus nerve in the neck by a wire such that electrical signals are delivered to the brain to control seizures.

The Neurocybernetic Prosthesis System, made by Cyberonics in Houston, Texas, includes an external programming system which the physician can access to change stimulation settings. Patients can turn the stimulator on and off with a hand-held magnet.

The device was approved for use in conjunction with drugs or surgery in adults and adolescents with partial onset seizures. These seizures begin in a localised region of the brain and may or may not become generalised.

Of the 1.7 million Americans with epilepsy, about 200,000 have seizures which cannot be adequately controlled with drugs or surgery. The director of the FDA's centre for devices and radiological health, Bruce Burlington, says: "While this device will not help everyone, it will reduce the frequency of seizures in many people."

In clinical studies, the device was implanted in 454 epileptic patients with poorly controlled seizures who continued to take anti-seizure medication. Half the patients treated had a 20 per cent or more reduction in the number of seizures per day, and in a quarter, the frequency of seizures decreased by more than 50 per cent. However, in about one in five, the number of seizures increased.

Side-effects, which were considered tolerable by most patients, include hoarseness (100 per cent), voice alteration (73 per cent), and cough (50 per cent).

Ignorance of obesity link to diabetes

The public is more likely to link obesity to heart disease and hypertension than to diabetes.

A Europe-wide survey presented at the International Diabetes Federation Congress in Helsinki, Finland, found that four-fifths of the 6,000-plus people questioned did not know that being overweight led to diabetes mellitus.

There was a higher association between obesity and heart disease, hypertension and high cholesterol. However, previous studies have shown that moderately obese people (body mass index 30) were 3.5 times more likely to die of heart disease than non-obese people, 2.5 times more likely to have high blood pressure, but 26.5 times more likely to have diabetes.

This misperception may lie with flaws in health messages that tend to concentrate on the hazards of heart disease, even though 80 per cent of people with non-insulin dependent diabetes mellitus are obese when diagnosed.

PHARMACY update: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the September 13 issue of Chemist & Druggist. This MCQ papers will cover this week's CPP-accredited module, together with those in the August 2 issue:

- Foot care (62)
- Melatonin (63)
- Diabetes I (64)

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

(The MCQ paper for the July modules was enclosed with the August 9 issue of C&D).

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If it's so good, wh

Generic or branded? We look at both sides of the debate. Putting the 'low cost' argument, retail pharmacist and training consultant Ian Strachan wants to fire pharmacists with enthusiasm for generics by exploring the crucial issues: education, training, merchandising and display

I am sure we all have heard the saying "You get what you pay for", but do we? Certainly it would seem the public have yet to fully appreciate the best deal around in value for money medicines.

Attitudes have historically supported the major brands with customers electing to place their trust within the category leaders, but attitudes are changing. Customers are becoming more sophisticated, more critical, and more prepared to evaluate the benefits of brand *vs* generic when making their choices.

Such a cost conscious culture has evolved principally from the deregulation of POMs to Ps, the relentless rise in the prescription charge and the publicity generated by consumer programmes to this issue.

Meeting your GPs

General practitioners are discovering an increasing need to ask patients whether they pay for their prescription. If a patient pays, then this often instigates the process of referral to purchase an OTC item.

This trend is increasing and provides evidence of how the continual rise in the prescription levy is influencing attitudes of both prescriber and patient. As pharmacists, it is important we recognise this process by introducing initiatives to encourage its development.

A useful technique would be to provide a list for the benefit of your doctors emphasising products, their pack size and price. Such a list must include proprietaries but equally will feature a diverse range of useful generics.

A simple 15 minute discussion with your doctors on this subject will serve to heighten their awareness to OTCs and enforce the message to purchase.

This trend has an additional spin off. When a generic purchased by this means gives rise to therapeutic benefit, patients will naturally follow a process of self-recommendation. Such cycles typically include family, work colleagues or friends as word of mouth generates further sales. It is essential, therefore, that generics are profiled visible to the customers and displayed in eye level positions.

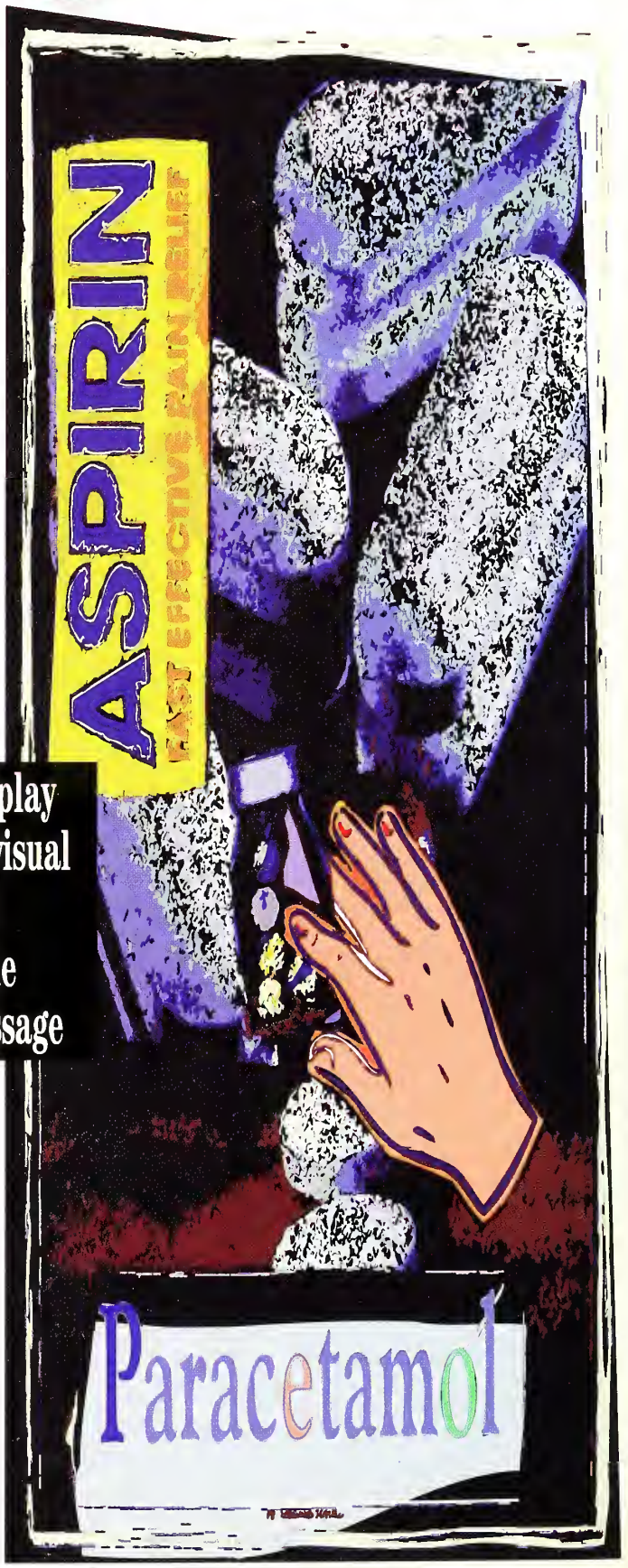
Training your staff

Staff training represents a crucial area when developing your generics market. Customers have traditionally supported the use of established brands due to high profile marketing.

In contrast, the generics market is not associated with such intense advertising and marketing. With the exception of Boots own label, the rest command a lower significance and relies upon a number of in-store initiatives to nurture sales.

The success of own label is therefore closely allied to the ability of assistants to transform attitudes and seize the opportunities to redirect customers. Assistants must possess the skills to resolve customer concerns relating to confidence (if it's so good, why is it so cheap!), emphasise product efficacy, and highlight the relevant price comparisons with branded contemporaries.

A suggested training programme may feature a 90 minute session focusing upon a particular therapeutic category such as cough/cold, skin care or even hayfever. For this purpose, why not use one of the accredited counter assistant courses such as Cambridge Counterpart as a source of underpinning knowledge and understanding.



Window display provides a visual means to establish the generic message

y is it so cheap?

A consideration of treatments should provide a number of important comparisons with branded contemporaries. These include indications for use, pack size, and price.

Another useful exercise would be to raise the types of issues you would expect customers to ask: "But are they as good as brand X?" or "Why are they so much cheaper?". Challenging the assistant to such questions by role play will improve confidence and the ability to resolve customer concerns.

Customer care

Your generics offer a unique opportunity to advance the level of OTC recommendation to patients. What is more, the concept provides an opportunity to elevate the perception of the profession through the use of multi-treatment regimes.

Many pre-packed goods, by virtue of their relatively innocuous profile, can be used as an adjunct to complement traditional treatment therapies. Many of the products available, for example from the Care – Range (Thornton & Ross) may be used to conveniently illustrate the technique.

Toothache may be eased by offering patients a tincture in addition to an analgesic (clove oil plus ibuprofen). Symptom relief from catarrh or congestion, then why not suggest the inhalation of an aromatic oil such as menthol and eucalyptus to improve nasal drainage prior to the use of a decongestant.

Similarly hayfever symptoms may respond more effectively using a generic antihistamine together with a painkiller for headache, when appropriate (terfenadine plus paracetamol).

Link selling? Certainly not: the use of complementary fashion is intended to improve the level of patient care by relieving symptoms more effectively. The application of generics in such a synergistic way can advance the pharmacist's credibility as a provider of quality and effective advice.

And finally, there is a rewarding sensation of professional satisfaction to be gained when pharmacists engage in such multi-treatment regimes. Try using this system yourself.

Window display

Window display provides a visual means to establish the generic message to customers. Utilising the often limited space available to the maximum is essential. Avoid too many conflicting signals. Stick to a single message: the value of money offered by generics. Concentrating on one therapeutic category such as pain or a seasonal condition like hayfever is preferable to marketing the entire range. Price must form the main feature of such displays.

The public have increasingly initiated the request: "Can I have those tablets from the back". This has been typical of vitamin supplements, iron preparations, cough medicines or generic antihistamines. Such a trend can be enhanced by allowing your window to encourage customers to ask staff for such requests. In summary, use your window to tell customers what they don't know, and not what they do. A simple clear theme with a focus upon value for money is the key.

Customers are becoming more sophisticated and prepared to evaluate brands against generics

Merchandising

Your GSL generics should be merchandised in prominent positions giving customers free access. Too many of our generics are locked away in secluded positions. Giving the customer the opportunity to compare represents a factor in the process.

P class generics should be displayed in eye level positions and included within the branded categories. High investments in proprietary brands has enabled customers to recognise products from a distance, perhaps by their colour, distinctive packaging or even a striking company logo.

By merchandising alongside distinguished brands, we raise the curiosity of customers to question such adjacent products. In effect, we are using brand identity as a visual magnet to speculate upon our generics.

However, we must not lose sight of how significant staff training is to this process. It is likely 80 per cent of sales assistants have mentally selected a product following patient questioning without even scanning the category range. It is essential, therefore, that staff are tuned to generics and made aware of the opportunities.

Dispensary power

I mentioned earlier about how customers are increasingly requesting dispensary based products. This is certainly true and represents a useful merchandising tool.

The quality and value for money associated with dispensary based products can be launched as a mini-brand defining quality, within the visually distinctive design of dispensary glassware.

The characteristic appearance and durable nature of tablet and medicinal bottles can provide a visually distinctive merchandisable product. What is more, such glassware is associated with the supply of ethical medicines. This enables a further endorsement of credibility.

Why not try merchandising a selection of packaged dispensary lines. These should include multivitamins, cough preparations like Simple Linctus, and calcium supplements such as calcium lactate. The range would appear visually distinctive and provide a focus for the customer's attention. Good luck.

Generic or branded? Hemant Patel suggests that successful branded goods are those which are perceived by buyers as having unique or relevant added values which match their needs more closely than any other

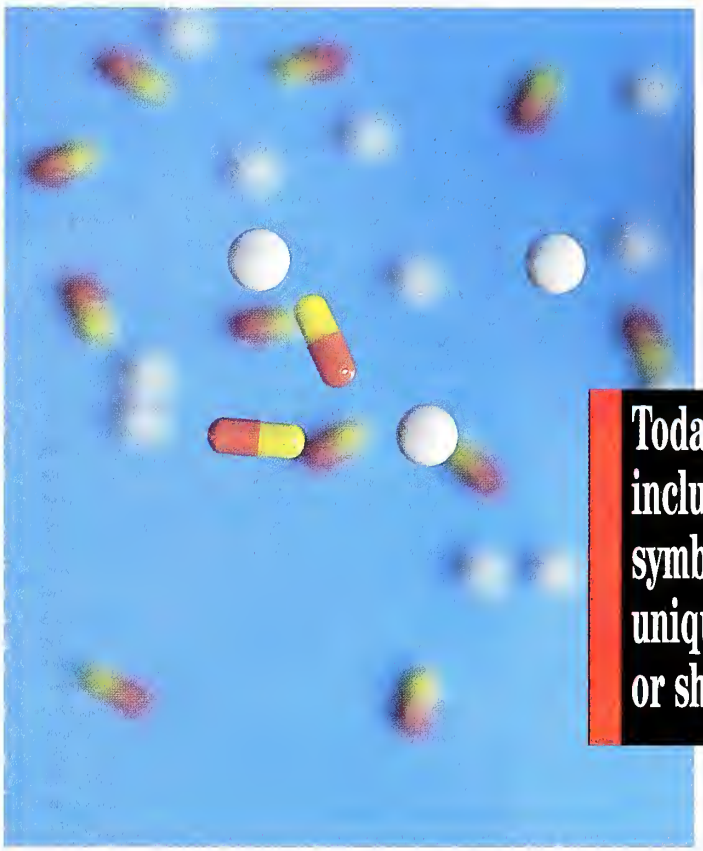
Making a mark in pharmacy

How to create a powerful brand and protect it is a major challenge which faces many organisations, from small retailer to major multiple through leading manufacturer. It is unlikely that this challenge will be met in pharmaceuticals unless a more vigorous approach is taken to the issues surrounding the branding. A product or a service is a problem solver in the sense that it eases the customers' difficulty. It is also the means by which a company achieves its own objectives. The product or service is only a means to an end. The important point about this is that a company which fails to think of its business in terms of customer benefits, rather than in terms of physical products, is in danger of losing its competitive position.

A product or service is a relationship with the customer as personified, for example, by Glaxo, Kodak and IBM. At this stage, it is important to differentiate between a 'brand' (Ventolin) and a 'commodity' (salbutamol inhaler). Products in a commodity market present the problem of making a choice where differences are hard to perceive. Purchasing decisions tend to be taken on the basis of price or availability, and not on the brand or the manufacturer's reputation.

The concept of the brand can best be defined as follows:

A successful brand is an identifiable product, service, person or place, augmented in such a way that the buyer or user perceives relevant unique added values which match their needs most closely. Furthermore, its success results from being able to sustain these added values in the face of competition.



Today trademarks include words, symbols or a unique pack size or shape

A brand logo, such as 'Boots', is used as a shorthand device signalling the brand's capability and its connection. Branding has become a guarantee of the source of the product and, ultimately, has become a form of legal protection against copying. Today trademarks include words (Ventolin), symbols (Dettol) or a unique pack size (PI vs UK) or shape (Nebules), which have been registered and which purchasers recognise as being unique to a particular brand. In short, a brand can be seen as a sign of ownership, a means to differentiate, a shorthand marketing device, and a legal device.

It is only through the effective marketing of assets that organisations can build successful marketing strategies. Treating them as 'financial' assets leads us to pose such questions as:

- How do we (retailers and manufacturers) value marketing assets?
- How do we protect them?
- How do we grow them?

Brand evolution (own labels and co-branding) first seen in the grocery trade, is now also found in pharmacy. Price maintenance and NHS prescription charge policy makes it difficult for retailers to compete with each other on price. They rely on service and environment to provide a competitive edge to increase outlet traffic. The multiples are not able to circumvent this problem by developing their own brands for prescription items because of the complexity of pharmaceutical marketing and the high cost entry barrier to the market.

In order to establish a unique selling point (USP) it is becoming increasingly common for multiple retailers to 'commission' established manufacturers to produce co-branded products like Co-op's Distalgesic and Unichem's Tenormin. These products are distinguishable by having two strong brands combining forces.

In theory, this should add synergy, help reduce confusion in consumers' minds and encourage loyalty to the outlet. There are, however, disadvantages to the manufacturer of co-branded products:

- The prescriber may change to a generic product reducing reimbursement
- With time, the retailer may extract extra discounts from the manufacturer as co-brand value grows without any benefit accruing to the NHS or the prescriber
- The manufacturer is voluntarily and irreversibly transferring manufacturer's brand values to the retailer.
- After a certain period of time, with manufacturer's brand value diluted, a good similar pack produced by a rival manufacturer can be substituted in its place
- Not only is a significant market lost, but also a brand's financial value is damaged, possibly beyond repair.

One of the key benefits of strong brands is that the manufacturer maintains greater control over the balance of power between the manufacturer and distributor. Co-branding of a product inevitably leads to voluntary surrender of an important company asset.

As it is only an intermediary step in moving a product from a brand to a generic, co-branding could greatly shorten the tail of the product's life cycle and enable an old distributor to become a new competitor.

Co-branding reveals a strategic intent that is there for all to see. So why do manufacturers undertake the commercial risk?

Maternity minefield

Maternity rights are changing constantly because of legislation from Europe and recent law cases. Valda Elson explains the current situation

All female employees, no matter how long they have been working, now have the right to a basic maternity leave of 14 weeks. And women who have been continually employed for two years by the 11th week before the expected week of confinement (EWC) may take an extended maternity leave of up to 40 weeks.

To be eligible for maternity leave, the employee must give 21 days notice in writing and show a Mat B1 certificate. Her leave may begin up to 11 weeks before the EWC, but she does not have to give notice of return unless she chooses to return earlier than the 14 weeks. In this case, she will need to give seven days notice.

If the employee wants an extended leave, she must give 21 days notice in writing and she must return within 29 weeks of the birth of the baby. In this case, she must also give 21 days notice in writing on when she intends to return.

The employee can extend the basic and extended leave by a further four weeks if she has a medical certificate.

All this seems clear cut, but employees enter a legal grey area if they happen to fall sick immediately after their maternity leave. One recent example was a highly publicised tribunal case, where a woman was claiming unfair dismissal. As she had been off sick for six weeks at the end of the maternity leave, her employer decided it would be safe to dismiss her because she had not returned within the allotted time. Surprisingly, the employer won the case.

However, the employer would have probably lost the case if the woman had claimed sex discrimination.

If you have an employee who fails to return after the due date because of sickness, you need to review the policy on staff sickness. For example, would you dismiss another employee who was off sick for a similar period? NPA members would be well advised to contact Mallinson House before making a decision.

If you decide to take on a replacement to cover maternity leave, your offer (in writing) must stress that you only need cover for maternity leave, that it is short term (try to stipulate a time) and that it is subject to notice on either side during that period. The notice period helps if the replacement is unsatisfactory, or if your employee decides to return to work earlier than expected.

Having returned from maternity leave, your employee has the right to return to the same job or to an equivalent job on terms and conditions no less favourable than before. Some employees may want to work fewer hours, or change their shifts, so you have a duty to consider such requests and to accept where possible. You can refuse, however, if the change would be impractical for your business.

Small businesses

Pharmacists who have five or fewer employees (including the woman herself) may be able to refuse the right to return after extended leave. But you would need to justify the decision on operational grounds if the employee made a claim for unfair dismissal.

Dismissing an employee because she is pregnant could constitute unfair dismissal on the grounds of sex discrimination. In this case, the minimum period of two years service does not apply. Pharmacists must be careful – if a pregnant employee is unsatisfactory for any reason, you must go through full disciplinary proceedings with verbal and written warnings. And you must adopt this procedure no matter how long she has been your employee.

If the pregnancy prevents an employee from doing the job for which she was employed, you have to look for suitable alternative employment, or put her on paid leave for the duration of the pregnancy. Once again, NPA members should ask for guidance.

Paid time off

Pregnant women are entitled to 'reasonable' time off to attend pre-natal clinics and parent-craft classes. However, if an employee is part-time, you are entitled to ask her to arrange these appointments in her own time wherever possible. And she must provide evidence of the appointments.

Holiday entitlement continues to accrue for the first 14 weeks of maternity leave. If the employee has a company car (or other perk), she must be allowed to keep it during the period of maternity leave unless there is a clause in the contract stating that the car may be withdrawn. Even then, it would be unsafe to withdraw the facility unless you operate a similar system for all employees on long-term sick leave.

Statutory pay

Statutory maternity pay (SMP) is paid to all employees who:

- have been continuously employed for at least 26 weeks, 15 weeks before the EWC
- give medical evidence (Mat B1) of pregnancy
- pay National Insurance.

The rate is:

- six weeks at 90 per cent of salary
- up to a further 12 weeks at the lower rate (currently £55.70).

SMP is paid for a maximum of 18 weeks and cannot be paid earlier than the 11th week before EWC.

You may claim back 92 per cent of the gross amount of SMP. There is a special relief for smaller businesses (ie those who paid less than £20,000 gross NI in the last tax year). They can claim 100 per cent of SMP plus 6.5 per cent NIC compensation.

In some cases, you may not be paying enough tax to be able to reclaim the SMP. You should then contact the Inland Revenue who will send a cheque to cover the cost of maternity pay.

Maternity rights have become a complex and sensitive area for employers and each case must be dealt with very carefully. For all this care, maternity rights can be a minefield – its repercussions can be heard all over Europe.

H&B sold for £100m

Gehe has sold Holland & Barrett to NBTY, a US company that produces and sells vitamins, minerals and natural supplements, for $168.7 million (£100 million).

NBTY already has a stake in the UK vitamin market - it set up a mail order business for its products in March 1996. And this year it opened two Vitamin World stores, based on its successful US chain, in Southampton and Swindon.

Peter Brechter, the company's vice president in the US, says it is "very excited" about the acquisition. "It provides us with fantastic access to that market [UK]," he says.

NBTY will retain Holland & Barrett's name because it is "so well known". And it will keep H&B's management and staff, led by managing director Barry Vickers. "We'll give them [H&B directors] the latitude to follow whatever plans they think is correct," he says.

The US company plans to expand H&B by acquiring 10-20 stores annually - H&B currently has about 400 outlets. "We'll also adjust the mix and upgrade some products," says Mr Brechter. The revised mix will include NBTY products for the first time.

AAH's chief executive Michael Ward

He stresses the chain will not be "mixed" with its Vitamin World and mail order business.

Michael Ward, AAH's chief executive, says it chose NBTY because of the size of its bid and the guarantees it had made to H&B's staff.

Gehe has completed its major Lloyds divestments. Cinven, a venture capital company, has paid $55.5m for the Macarthy Group, a Lloyds subsidiary that produces and supplies injectable and specials. Macarthy's main trading subsidiary is Martindale Pharmaceuticals, a specialist in generics.

The group will retain its 215 employees, including directors, who own a minority stake. Jonathan Clarke and Brian Linden, Cinven directors, will join Macarthy as non-executive directors.

Mr Clark says he aims to strengthen the group by acquiring other companies and brands. "We manage funds worth $1.5 billion, so there is plenty of scope to buy, if we want to," he says.

Mayborn acquires Sangenic brand for £15m

Jackel International's parent, Mayborn, has acquired the Sangenic nappy disposal brand for £15 million. Mayborn says the acquisition strengthens its portfolio of baby accessories, which include Tommee Tippee and Maws.

New Novartis drug gains Swiss approval

Exelon, Novartis' new treatment for moderately severe Alzheimer's disease, has been approved in Switzerland. The drug is currently being reviewed by the European Medicines Evaluation Agency.

Astra UK sales dip 14 per cent

Astra's UK sales during the first half fell 14 per cent, mainly due to parallel imports. Its overall pre-tax profits rose 7 per cent to Sek6,749 million on a turnover of Sek21,471 million, compared with the same period last year. At constant exchange rates, Astra's sales of Losec grew 9 per cent to Sek10,015 million. The drug's global sales topped Sek14,720 million.

Tough times ahead for Zeneca

Zeneca has warned its investors to brace themselves for a relatively lean period as its first-half pre-tax profits rose 10 per cent to $669 million, while sales fell six per cent to $2.75 billion, compared with the same period last year.

Like other drug multinationals, Zeneca has also been affected by the strong pound. Sir David Barnes, its chief executive, says the company's sales and profits would have been respectively $300m and $90m on higher if the pound had been at last year's level.

Zeneca's costs will rise in the second half, partly because it wants to buy ICI Australia's pharmaceutical business and hopes to complete the deal by the end of the year. The strong pound and costs associated with launching a number of new products later this year will bring added pressure to its growth. "The second half will be tougher with higher new product launch costs, so investors shouldn't be carried away with the first half results," says Sir David.

But Zeneca's underlying growth - assuming constant exchange rates - is "well ahead" of its annual target of 15 per cent. Its pharmaceutical sales rose 1 per cent to $1,225m. New products launched over the past two years now account for 16 per cent of the group's sales.

Zestril's share of the US market has grown close to 20 per cent, although its global sales fell 5 per cent to $305m.

Zoladex' sales rose 8 per cent to $171m, while those of Casodex grew 122 per cent to $51m and is brand leader in the US anti-androgen market. A strong US performance by Diprivan helped lift its sales 5 per cent to $183m.

Zomig has notched sales of $1 m since its UK launch in April. Accolate's sales, meanwhile, are estimated at $19m

Zeneca's sales in Europe grew 12 per cent, while its US sales were up 16 per cent.

Sir David dismisses fears over the Zestril's patent, which expires in 2001. "With the launch of major new products, we're confident we can replace the lost sales when that patent expires," he says.

Zeneca has 45 new drugs in the pipeline - it recently received UK approval for Seroquel, an antipsychotic.

Unichem buys Triocare pharmacies

Unichem has acquired 16 pharmacies from Triocare for £2.37 million.

All the pharmacies will become part of Moss Chemists and should boost its size to 515 outlets.

The takeover could resolve the dispute over the re-location of one of Triocare's pharmacies - based in Cheltenham - to a new local health centre that has not yet been built.

United Chemists Association (UCA), a consortium of independent pharmacists in Cheltenham had been refused permission to re-locate within the same centre. They claimed the centre, which will recruit 26 doctors, could harm their businesses.

Gloucester Health Authority subsequently gave Triocare's pharmacy permission to relocate its NHS license, subject to an appeal by Peter Badham, one of the Cheltenham consortium.

Moss will be operating the health centre's pharmacy on behalf of Triocare.

UCA says this week it is pleased to hear about Unichem's acquisition. "We believe that, from initial discussions with Barry Andrews [Moss' managing director], a way will be found to protect the interests of independent pharmacies in Cheltenham.

Triocare's turnover in the current financial year is expected to exceed $9.1m, according to Unichem. Consideration for Triocare's goodwill, fixtures and fittings and freehold properties is $5.9m. Unichem's offer comprises shares worth $660,000 and the balance in cash.

Superdrug's md resigns

Superdrug's managing director, Graham Steele, has resigned unexpectedly.

The company says he resigned for personal reasons and denies his move stemmed from differences in the way Superdrug was being run.

Stan Hunt, its operations director, has been appointed acting managing director in the interim.

● Superdrug now has 121 in-store pharmacies after opening 10 this year. It aims to open another 10 by December as part of a four-year plan, announced last autumn, to install another 250 in-store pharmacies.

More trouble for baby packs

First Essentials and Babydays have run into more trouble as they struggle to introduce rival mother-to-be packs through community pharmacies.

The National Pharmaceutical Association has withdrawn its support from First Essentials because it says the company cannot guarantee a fair distribution to all pharmacies, which was one of the pre-conditions for the NPA's support.

Trefor Williams, the NPA's business services manager, claims the company has had problems persuading manufacturers to sponsor its venture. "They're not getting the support they need [from manufacturers] to make the packs available to every pharmacy in a given area," he says. As a result, he adds, the company has been talking to a couple of pharmacy multiples. It hopes their interest will encourage more manufacturers to come on board.

Under First Essentials' scheme, mothers receive vouchers for the packs from midwives and exchange them at participating pharmacies. The last time the NPA contacted First Essentials, the company was planning to roll out the packs in about 50 target areas, whose midwife directors support the scheme. Within these areas, both multiples and independents will receive the packs.

The multiples, however, also want branches outside the areas to stock the packs, according to Mr Williams. "In some areas independents may not get the packs while, across the road, a multiple will," he says.

The NPA appreciates, he adds, that unforeseen circumstances have forced First Essentials to make the move. But he still cannot condone it.

If the company eventually allows every interested pharmacy to stock its packs, he says, the NPA will probably renew its support.

Eric Bates, a director at First Essentials, could not comment on which manufacturers were currently involved in the scheme, nor on the pilot areas.

The company, he says, has been hampered by the existence of a rival - Babydays, which has confused manufacturers and retailers.

"We have consequently modified our strategy, but with the intention of reaching our original goals to make the service available to interested parties," he says. "This will take longer than originally planned due to circumstances beyond our control. We are committed to supporting all pharmacies wishing to participate but require their patience to ensure the product and the service are in the best interests of all parties."

First Essentials is concluding negotiations to begin a pilot scheme.

Babydays, meanwhile, was scheduled to have started sending out packs and a marketing guide to pharmacists by this week. Pharmacists *C&D* contacted, who have paid Babydays a £17.50 registration fee to receive their packs, have not yet received anything.

About 20 pallets of baby food and nappy packs, which are due to be inserted in Babydays packs, are being held at Newton Abbot by storage company L. C. Vallance. Nick Vallance, the company's managing director, says he is still waiting to be paid for the storage costs.

Ms Linda Gold, director of Babydays, was unavailable for comment as *C&D* went to press.

ADVANCE INFORMATION

Weleda (UK) Ltd is holding a series of training seminars as follows: **September 10**, at Weleda in Ilkeston, Derbyshire; **September 24** in Norwich, **October 8**, in Ilkeston; **October 29**, in Lincoln; **November 12**, in Northern Ireland, **November 26**, in Basingstoke. For further details and a booking form, please contact Weleda on tel: 0115 944 8222.

The 134th British Pharmaceutical Conference will be held on **September 15-18** in Scarborough. Details from the BPC Secretariat, tel: 0171 820 3275.

The NHS Confederation Conferences this autumn will be held as follows: **September 16-18**, at the Kensington Hilton Hotel 'Health gain for black and minority ethnic communities'; **September 30-October 2** at NEC, Birmingham - 'Healthcare Expo'; **October 30**, in London - 'Good industrial relations in the NHS'. Details on 0121 414 1381.

The Society of Medicines Research will be holding a meeting entitled "Alzheimer's Disease" on **September 18** at the National Heart and Lung Institute, Imperial College, London SW3.

The 23rd United Kingdom Drug Information Conference will be held on **September 18-20**, at the University of Sheffield. Details from Dr Alan Judd, tel: 0113 292 2459.

Patient pack roll-out delayed

The Association of the British Pharmaceutical Industry this week conceded that regulations on the dispensing of patient packs are unlikely to be rolled out in September - as it originally claimed in April [*C&D*, April 26].

Larry Hirst, the ABPI's commercial affairs manager, says it has readjusted the patient pack timetable - with the agreement of all parties concerned - to reflect delays that have occurred".

A joint working group is due to meet the department of health on August 20. Steven Axon, general secretary of the Pharmaceutical Services Negotiating Committee, says a number of outstanding arrangements have not been finalised. The PSNC will meet the DoH again on September 17. In that light, says Mr Axon, a September roll out is impossible.

Pfizer has donated £20,000 to the Thanet Cancer Care Appeal as part of its continuing programme to support local charities. The appeal is raising money to establish a cancer unit at the Queen Elizabeth the Queen Mother Hospital in Margate. Pictured (left to right) are Dr Anne Greenhalgh, Thanet Healthcare Trust's medical director; Ken Moran, chairman of Pfizer; Maureen Greig, the appeal's chairman; Barry Page, the Trust's chief executive; Maureen Jones, the appeal's vice chairman

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★ Mature community pharmacist wanted ★
★ Mainly supervisory position ★
★ Pharmacy scheduled for rebuilding 1998 ★
★ Well motivated and experienced staff ★
★ Remuneration reflecting both experience and ability ★
Contact Mr Bowker on:
01977 552695 or 0860 452633

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Linthorns require a manager for community pharmacy with busy dispensary.
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★ Minimum paperwork ★
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APPOINTMENTS

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Tel: 01793 522430 (day) or 01793 542095 (eves)

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★ Newly qualified considered ★
FLAT AVAILABLE
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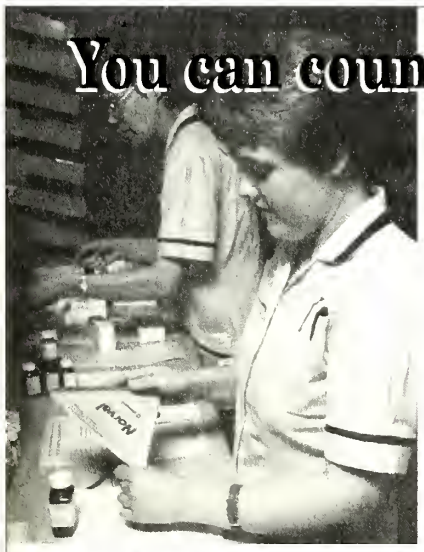

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Retirement sale of community pharmacy in popular coastal town. Estimated T/O FYE July 31,1997 circa £300,000. NHS items average 2,169 per month. Enormous real potential to improve under more youthful ownership. Property freehold £57,500 (includes investment income). Urgent sale sought, hence £37,500 for goodwill, fixtures plus freehold. Stock at valuation.

SW LONDON
Pharmacy in pleasant neighbourhood shopping parade and opposite surgery. Estimated T/O FYE June 97 £340,000. NHS items average 1,900 per month. Attractive leasehold property at modest rent. Very easily run showing good profits. Offers invited around £110,000 for GW/FGix. SAV.

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18 Mulberry Gardens, Sherborne, Dorset,
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A FREE Service for Chemist & Druggist Subscribers

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed alongside.

To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

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SHOPFITTINGS

VETERINARY SERVICES

ABOUTpeople

Pharmacist in final of Boots community relations award

Pharmacist John King, the manager of Boots the Chemist in Skegness, is one of ten finalists in Boots' community relations award.

He was nominated by Harold Fainlight, a former mayor and leader of the county council, and Brian Holdsworth, president of Skegness Rotary club, for his work on Skegness town forum.

In 1994, John organised a meeting in Skegness to discuss the local urban environment. Following the meeting, the Skegness town forum was created and he was nominated secretary and treasurer, and leader of the forum's environmental sub-group.

In 1995, the forum surveyed town residents to find out what they wanted from their town. Since then the environmental sub-group has examined floral displays, seating, traffic management, parking and other local issues, to improve the quality of life in the town.

The forum is preparing a business plan in conjunction with the local TEC and RDC, to find sources of funding, such as rural development, lottery funding and EC grants, to implement further measures highlighted by the survey.

John says: "I was very surprised and pleased to be nominated. I didn't expect it. My forum colleagues and I aim to make Skegness the best town in the area."

The winner of Boots' community relations award will be announced on October 22 at the company's head office in Nottingham.

Top in Aberdeen

Outstanding student Elaine Ogilvie

Dundee student Elaine Ogilvie, 22, has won a top prize, the James Fowler Tocher medal, at The Robert Gordon University's school of pharmacy in Aberdeen.

Elaine was awarded the prize as the most outstanding student to complete an MPharm degree. The MPharm, an enhanced first degree, at the University, was approved by the Royal Pharmaceutical Society last year and the first students graduated in July.

Elaine who graduated with a first class honours has started her pre-registration year with Boots the Chemists in St Andrews.

Holiday bonus

Richard Hazlehurst cut his holiday short to cover for a colleague with chickenpox. Seven hours later he was delighted to learn he had won £150 in travel vouchers.

Mr Hazlehurst, pharmacist proprietor of E & M Hazlehurst Pharmacy Ltd in Bradford, West Yorkshire, was the July winner of *C&D*'s Pharmacy Action Pack competition.

Pharmacist David Beck of Nowells Pharmacy, Harrow Weald, scooped £500 in a Lynx / Elida Faberge competition. He was one of the first three callers to dial a Lynx competition hotline on July 21

Jo Goulding, a former pre-registration student of Lloyds Chemist in Elmdon Heath, near Birmingham, has won the Lloyds pre-registration pharmacist of the year award. The award was judged on both a presentation made at a lunch, sponsored by Reckitt & Colman, and on the students' work during the year. Jo (back row, third from right), now an AAH relief pharmacy manager, was presented with her award by AAH training and development manager Steve Howard (br, second from r) and Reckitt & Colman's professional relations manager Mel Smith (br, far right)

APPOINTMENTS

Pharmed has appointed **Ian Moody**, 33, as a director. He will be responsible for developing a secure Internet prescription transfer system. He has worked in the information technology field for 15 years.

Laughton & Sons has appointed **Niki Pensom** as branded hair care product manager. **Sarah Smith**, who joins from Avon, has been appointed own-label hair care product manager. **Clare Deadman** joins as assistant fashion product manager, and **Ros Jones** joins as nailcare product manager. **Gill Grozier** has been chosen to head men's accessories and toiletries as group product manager, and **Murray Fraser** becomes men's accessories product manager.

Sam Galbraith MP, minister for health at the Scottish Office, has appointed **Andrew Brown** (Fife Healthcare NHS Trust), **James Bell** (Moray NHS Trust) and **Councillor Bristow Muldoon** (West Lothian NHS Trust) as NHS Trust non-executive directors.

Green-fingered pharmacist aids garden group

Pharmacist William Northwood, owner of Northwoods Chemist in Tiverton, has donated £1,000 to help save a gardening group for the disabled.

Social services recently cut spending to Tiverton Volunteer Centre, which runs the ten-year-old gardening group, threatening its survival, before Mr Northwood stepped in.

The gardening group consists of volunteers with special needs, such as mental health problems, learning difficulties or early-stage dementia. The volunteers work in the gardens of elderly people in the community, under the supervision of two paid caretakers.

"The donation is sufficient to keep the group going for another two years," says Mr Northwood, who is a gardener himself. "It is nice to give something back to the community, and it will help both disabled and elderly people locally."

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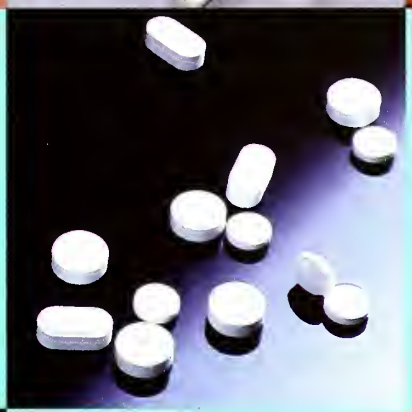

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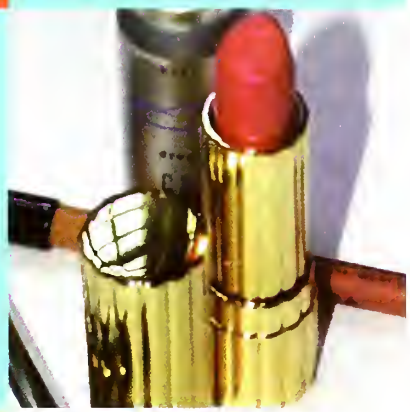

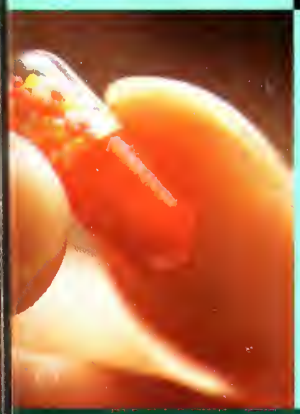

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